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ABSTRACT

This document provides the transcripts from the Congressional hearings on the reauthorization of the Older Americans Act. Opening statements from Representatives Butler Derrick and Mike Synar are presented. Testimony of 19 directors of state and area agencies on aging, Meals on Wheels, Green Thumb, and the American Association of Retired Persons is presented. Topics covered include the need for reauthorization of the Older Americans Act, and public and private agencies that provide services to the elderly in South Carolina. Funding and regulatory issues are discussed. The needs of the people and the need for educational gerontology programs are reviewed. Nineteen letters and statements are included in the appendix. (JAC)

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REAUTHORIZATION OF THE OLDER AMERICANS ACT: SOUTH CAROLINA

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN SERVICES

OF THE

SELECT COMMITTEE ON AGING
HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

SECOND SESSION

MARCH 19, 1984, ANDERSON, SC

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REAUTHORIZATION OF THE OLDER AMERICANS ACT: SOUTH CAROLINA

MONDAY, MARCH 19, 1984

U.S. HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HUMAN SERVICES,
SELECT COMMITTEE ON AGING,
Anderson, SC.

The subcommittee met, pursuant to notice, at 9 a.m., in the Coleman Municipal Auditorium, North Murray Avenue, Anderson, SC, Hon. Butler Derrick (acting chairman of the subcommittee) presiding.

Members present: Representatives Derrick of South Carolina, and Synar of Oklahoma.

OPENING STATEMENT OF REPRESENTATIVE BUTLER DERRICK

Mr. DERRICK. We will come to order and get started. It is about 9 o'clock.

I see some other people coming in. If you will just kind of take your seat, we will go ahead and get started.

The subcommittee is officially called to order, and we will ask Mrs. Margaret Daniel, director of Senior Citizens in Williamston, to open with a prayer, please. You may want to come here to the microphone.

Mrs. DANIEL. Our kind and heavenly Father, we thank Thee for another day. We thank Thee for the privilege Thou hast given us to live another day and to meet here today as a group of older Americans. Give us the insight, the knowledge, the inspiration that we need to carry on as representatives of Thy kingdom. We thank Thee in the name of Jesus Christ. Amen.

Mr. DERRICK. Thank you, Mrs. Daniel.

I ask you now to assent that the hearing record remain open for 2 weeks from today in order to receive additional materials from today's witnesses, if necessary, and also written testimony from any and all interested parties.

This morning we are going to operate under the 5-minute rule. This is going to be necessary if we are going to get around to hearing those who want to be heard this morning, which means that everyone will have 5 minutes to give their testimony, and then after they give their testimony, any questions that Congressman Synar and I may have. We have a timer up here, and the way I am going to operate this thing is when you get started I am going to knock down when you get just a few seconds before the end of the

5 minutes, and I will ask you please to hold your testimony to 5 minutes to give everyone an opportunity to be heard.

Our format today will include hearing our first three panels. After that, the subcommittee will recess at 11:20 and we will resume our final three panels. That will be a recess for about 5 minutes.

At the end of the hearing today the Chair will provide to the members of the audience an opportunity to make comments and ask questions. We will allow about 1 or 2 minutes per person.

Just general information. There is a men's room over here on this side and a ladies' room back at the back, and a water fountain back over here on the left.

With this, I want to welcome everyone here to Anderson Rec Center. We thank you very much for taking the time to come, and we hope that this is going to be a very beneficial hearing.

I am delighted to have the opportunity of convening this hearing today of the Subcommittee on Human Services of the House Select Committee on Aging. We are here to examine the issues facing South Carolina's elderly prior to the reauthorization of the Older Americans Act.

I am also very pleased to have here today my friend and colleague, Congressman Mike Synar, of Oklahoma. His presence is especially significant because he chairs our Aging Committee's Task Force on the Rural Elderly. He is attuned to the special problems faced by our elderly population in rural areas such as his, and I am glad we will have the benefit of his expertise today.

The Older Americans Act in its 19-year history has been a success story. It is a major Federal program providing a floor of important social and support services to the elderly in areas such as nutrition, access, in-home care, employment, and legal services. In 19 years it has grown from a $350 million demonstration program to the $1 billion program it is today.

I want to state at the outset that I strongly support this program and endorse a 3-year extension of the act by Congress this year.

Reauthorization of the program is especially critical to South Carolina's elderly. Our State ranked second in the Nation in its growth in the number of elderly citizens over the past decade. As such, our hearing today will focus on the present needs provided by the act as well as the anticipated needs over the next several years.

The committee will greatly benefit by the testimony provided to us today, and I assure you that your recommendations will be heard and taken back to Washington where they will receive our full attention.

The Older Americans Act remains the key to preventing unnecessary and premature institutionalization of the elderly, and I want to state this is critical. Our total population grew threefold while the elderly population increased eightfold in the same time period. As a result of this dramatic growth in the program, adequate funding for the act is essential.

The President's budget for this year proposed no increase in funds for this program. In testimony before the subcommittee last month, the administration stated that it planned to increase the number of meals served through increased contributions from program participants and improved program administration, with no concurrent increase in funding. This subcommittee stands opposed to any effort to increase contributions from the elderly who cannot afford it.

I will work as a member of the Budget Committee to assure that these programs will be retained at the current funding levels and to assure that any effort to cut back on these important programs will be defeated.

Today's hearing is particularly well timed. The subcommittee is working closely with the authorizing committee of Congress to extend the Older Americans Act programs. As part of its activity in these areas, in addition to this hearing, as well as a number of other hearings around the country, we are working on the following issues that will assist us in our deliberations.

First, a review of the subcommittee's national survey of 1,200 home-delivered meal providers in anticipation of a major expansion of this program this year;

Second, close monitoring of contributions to assure that they remain free and voluntary and not coerced in any way;

Third, criteria for awarding of meal contracts under section 501(b) of the act which states that contracts must be awarded on a competitive basis and assure quality in the process;

Fourth, an examination of the eligibility criteria for targeting services under the act to those in the greatest social and economic need.

Congress faces three options for the Older Americans Act: a simple extension, a fine tuning, or a major rewrite. I state my own support for the act to remain a categorical program and to be extended for an additional 3 years.

I am sure that the testimony received today will highlight a number of other important areas in the act for South Carolina's elderly population.

I assure you that we will take your recommendations back to Washington and look forward to your comments today.

Now I would like to turn it over to Congressman Mike Synar for any preface he makes.

STATEMENT OF REPRESENTATIVE MIKE SYNAR

Mr. SYNAR. Thank you very much, Butler.

Good morning, ladies and gentlemen. It is indeed a great pleasure to be in a State where people do not have accents. I have traveled all over this country and it is always good to come back to the South, and I feel real at home. This is one of the most beautiful States I have had the privilege of coming to visit during my tenure in Congress, and it is a great pleasure to be here with my dear colleague, Butler Derrick.

You know, Butler's role with the whole question of elderly issues is one of paramount importance in Washington for three reasons. Not only does he serve on the Aging Committee with distinction and work very heavily in things like the Older Americans Act and Social Security, but as a member of the Budget Committee he has always served to keep a special eye on those programs and funding for those programs which have helped affect our older Americans. And finally, having the dual privilege of serving not only on the

Aging Committee but the Rules Committee with Claude Pepper, he has been able to establish a relationship with Mr. Elderly in the United States which is just so important when you are looking at programs and things which you need here in South Carolina.

As I have traveled through the country over the last year as chairman of the Rural Elderly Task Force, we have found that the three major issues facing our senior citizens are: (1) income, (2) transportation, and (3) health care.

These hearings today will help us focus in on some of those issues which are of great concern to the people in this room as well as others around the country.

There is no question that the Social Security Program is providing for the majority of the income for elderly Americans. For almost two-thirds of those on Social Security today, that is the majority of their income, and for one-third of that two-thirds, it is their total income. And so a viable and a very healthy Social Security system is so critical to the backbone of any of our elderly programs in this country.

But just as important as that is the fact that we have to remember that our elderly can still make a valuable contribution in our society, and providing for adequate transportation and nutritional sites and things of that nature are just as important as providing for the necessary income to pay for food and the medical expenses. And that is where the Older Americans Act comes in.

I share the same strong feeling that it is very important that we reauthorize the Older Americans Act, and I think with the help of people like Butler and others who have been committed to this act since its inception I think we will see a very easy go of it. However, just reauthorization is not going to be enough. Providing for the necessary moneys by which to continue programs which have been a success, not only here in South Carolina but throughout the country, is very, very important.

You know, I am aware and as you can see, Butler and I both are a little bit younger than some of the people here today. The fact is that even though some people are black and some people are white, some people are rich and some people are poor, and some are healthy and some are unhealthy, we all do share one thing in common, that is that we are all growing old together. So those measures which we do today are not only for the benefit of those who sit in this room, but for the future generation of people who will be in that elderly category, and that is a massively growing category, as Butler pointed out, here in South Carolina. So today's hearings are very important not only for those here today, but those who will follow you. So I look with great interest as we begin today's hearings on what we can do to better ensure a more productive life for elderly Americans.

Thank you, Butler, for having me.

Mr. **Derrick**. Thank you, Mike.

Speaking of growing old, I was introduced to bifocals the other day, so I guess it happens to all of us from time to time.

Our first witness this morning will be Harry Bryan, director of the South Carolina Commission on Aging. Harry, do you want to stand there at that mike? That seems to be the operational one.

STATEMENT OF HARRY R. BRYAN, DIRECTOR, SOUTH CAROLINA COMMISSION ON AGING, COLUMBIA, SC

Mr. **Bryan**. Congressman Derrick, Congressman Synar, ladies and gentlemen.

You Congressmen have stated it so well I think I can say amen and sit down, because I wholeheartedly agree with everything that you have said. However, I do want to make brief comments primarily on the pending reauthorization legislation introduced in the House of Representatives. It is H.R. 4785, and it is, in my opinion, a very good beginning for the reauthorization of the Older Americans Act, especially title III of the act.

It is high time that the position of Commissioner on Aging be elevated to Assistant Secretary of Aging, and the Administration on Aging to Office on Aging. I commend and thank those responsible for introducing this bill early, and for giving the leadership to the effort to enhance the position of the Administration on Aging and its Commissioner.

The additional flexibility which this bill would give States to transfer 25 percent between title III (b) and (c) could be very useful.

The need to target resources to the frail and the health impaired elderly, whom you were mentioning, has been handled well in H.R. 4785 through the addition of a new objective in title I and a proposed requirement that area agencies on aging strive to coordinate community based long-term care services. I recognize that the creation and maintenance of a community long-term care system ought to be an explicit objective of the Older Americans Act, and therefore a more visible responsibility of both States and area agencies on aging. The wording in this bill does not call for an exact uniformity of roles from State to State, nor an exclusive concentration on long-term care at the expense of other interests and needs of older persons, and that is good.

The flexibility provided in H.R. 4785 will allow States and area agencies to use differing circumstances, resources, and change opportunities as the basis for increased and effective network involvement in long-term care.

To sum up my reaction to title III of this bill, I think it is excellent. I think it would be strengthened, however, if more specific language designed to target the limited resources to those most in need was added. I favor going back to the language that was formerly in the act, that is, giving priority to low income and minority older persons.

In line with the need for community based long-term care programs, and I would like to emphasize this, I submit that the priority should also include the frail elderly who are seriously health-impaired and isolated.

I do have some reservations about title IV of H.R. 4785; namely, the inclusion in the law of specific requirements that AOA establish and support multidisciplinary centers of gerontology and that AOA give special consideration to the training of individuals who are preparing to work with Alzheimer's patients or their families. These are certainly worthy activities which I support, but writing them into the law puts a permanent mandate on AOA to continue to fund them regardless of future needs or changing circumstances.

Relative to the administration's budget request for fiscal year 1985, I endorse the effort to consolidate some of the titles of the Older Americans Act, but I strongly disagree with some of the details. The administration has proposed for several years to transfer the current program of commodities and cash support for the nutrition program from USDA to AOA. The program would be cashed out and funds allocated to the States on the basis of AOA's allotment formula rather than on the number of meals served. Under the current system, with reimbursement based on the number of meals served, programs which have done a good job by providing the maximum number of meals receive additional reimbursement from USDA, and I submit that this incentive should be preserved.

Finally, I would like to express my support for the proposal put forth by the National Association of State Units on Aging to consolidate statutory and discretionary provisions of the act which currently support the administrative, service system development advocacy and the training functions of States.

Under the NASUA proposal, the State units would be allowed to use to up 5 percent of title III funds for administration of the State plan, including advocacy and training, with a minimum base of $500,000, with no State allotted less than it received this year for State administration, advocacy assistance, State education and training and title III.

This proposal will consolidate and institutionalize the State units' responsibiliites and cut down extensively on time-taking paperwork in those programs, education and advocacy, and at the same time clearly identify all applicable administrative costs for review and comment during public hearings on State plans.

I earnestly submit this proposal to you for your consideration. I will be glad to provide further details if you so desire.

Again, I thank you for being here and for giving us in South Carolina this opportunity to present our thoughts to you and for the support you are giving to programs for older Americans which you so well expressed earlier this morning.

Thank you.

Mr. DERRICK. Thank you, Harry.

Do you mind staying up for a question, if you do not mind? I thank you for the wonderful job you have done over the years as director of the South Carolina Commission on Aging.

Mr. BRYAN. Thank you, sir.

Mr. DERRICK. I give your wife, Nettie, about 75 percent of the credit, and I give you 25 percent.

Mr. BRYAN. I am the one who got up early and got here this morning, though.

Mr. DERRICK. I will bet she got you up.

I think Congressman Mike Synar has a question or two.

Mr. SYNAR. Thank you, Butler. Mr. Bryan, let me ask you, as you know, the means test program is prohibited and services are required to be provided under, quote, "The greatest social and economic need." How is your agency meeting that mandate, and is that current mandate accurate?

Mr. BRYAN. Well, as I said in my statement, I think that the other wording, low income and minority, is preferable and it is more specific. I feel that the current wording that you mentioned, greater social and economic need, is somewhat nebulous. However, in South Carolina we have always and feel we are continuing to do a good job of reaching the most needy, the low income and minorities.

In the varying titles we are serving about 50 percent minority, whereas our population in minority in the State is about 28 percent. In low income we are serving from 70 percent in some of the titles to as high as 80 percent in the home-delivered meals program in the last fiscal year.

At the local level our providers make an extra effort to be sure that the individuals, without subjecting them to any means test which would take away their dignity, do in fact have the needs for the programs that they are asking to participate in.

Mr. **SYNAR**. We were discussing this morning at breakfast about some of the problems that South Carolina and Oklahoma share in common which is that you have sometimes one or more various groups that may be providing services within the community.

Mr. **BRYAN**. Yes, sir.

Mr. **SYNAR**. How have you all resolved that in the past in getting the area agency direction and getting it where one person or one group is in charge?

Mr. **BRYAN**. The area agency coordinates that and works with the various agencies. We do have in South Carolina a system, primarily private nonprofit organizations called councils on aging in general terms, they go by different names in various counties, which in large part have responsibility for most of the programs, not all the programs, but most of the programs for seniors.

However, we have more—and they are growing in number—of private home-delivered meals programs which are providing an excellent service for the low-income elderly over and above what the Federal Older Americans Act funds can provide. Through coordination and designation of various parts of the county, or the area involved, those organizations are providing those home-delivered meals; and where they are taking care of the need, the Older Americans Act dollars using that transfer authority which you have put into the act, we can put that (c)(2) money, that home-delivered meals money, into the congregate meals program.

Mr. **SYNAR**. Thank you very much.

Mr. **DERRICK**. Harry, do you think that title V which, of course, is administered by the Department of Labor, is being done so effectively and is operating effectively?

Mr. **BRYAN**. In a word, yes, I do. I think it is operating well in South Carolina, Congressman. I hear from other States that they have more problems than we do. We have had very good cooperation from the national contractors here. The coordinator of the title V program in our State office meets with them on a regular basis and annually they try to work out arrangements so that the title V slots are distributed equitably throughout the State.

I am not saying that there could not be some improvement in it, but we think by and large it is working pretty well, and we do have the title V slots distributed all over the State.

Mr. **DERRICK**. What do you think would be the effect of a merger under the title V program merging the State-administered portion with the AOA-administered portion?

Mr. **Bryan**. That does not sound like a good idea to me, Congressman. I notice that the administration has suggested that, and I do not think that that is a good idea.

It seems to me that that would create more divisiveness, that would remove the State from the Department of Labor, and it seems to me it is better to keep it all together.

If at some future time it is politically feasible to transfer the whole title V program to the Administration on Aging, I would support that, but I do not support dividing it among two Federal agencies.

Mr. **Derrick**. You seem to have some support out there. Thank you very much, Harry. Thank you for your testimony and your help.

Mr. **Derrick**. The next group is a panel, and what I am going to do is I am going to call each individually and ask you to make your statement not in excess of 5 minutes, and then we are going to ask the panel, all three members of the panel, to be available for questions. After you have spoken, if you would sit down here at this table, I would appreciate it.

We will start with George Buell, the Executive Director of Abbeville County Council on Aging. George, we are delighted to have you.

STATEMENT OF GEORGE BUELL, EXECUTIVE DIRECTOR, ABBEVILLE COUNTY COUNCIL ON AGING, ABBEVILLE, SC

Mr. **Buell**. Thank you, Sir. Congressman Derrick, Congressman Synar.

The Abbeville County Council on Aging has the distinction of being an area council on aging as well as a direct service provider. Thank you for allowing me to comment on the reauthorization of the act.

The Older Americans Act has greatly improved the well-being of many of this Nation's older citizens. It undoubtedly will continue to do so in future years. The proposed changes in the act will continue to improve the Network on Aging as well as meet the changing needs of our older population. The Abbeville County Council on Aging approves of the proposed changes. We wish to specifically express our approval of some of the changes as well as point out additional changes we desire. Last, we wish to address some changes being proposed by others.

As far as the issuance of regulations in past years, considerable uncertainty and frustration has been generated by knowing that revised regulations were pending, but not knowing when to expect them. Inclusion of a timetable for regulations to be in effect is applauded.

Pertaining to senior center funding, the Older Americans Act originally had separate funding, title V, for the acquisition and operation of multipurpose senior centers. At that time many of the local providers were not established well enough to have the local support base needed to utilize these funds. The 1978 amendments incorporated title V into title III, but did not increase title III proportionately.

Furthermore, it is required that title III funds be allocated on a formula basis instead of on an application basis as used for the original title V. This virtually eliminates the opportunity to receive adequate funds to acquire senior centers and continue to fund services. Now that providers have established local support, there are no Federal funds to acquire the centers.

We propose that senior center acquisition funds be appropriated separately from service funds and that the States grant these funds on an application basis rather than using their intrastate formulas.

Operational funding can remain a part of title III, but acquisition funds should be separated since it is more costly and not used annually like service funds.

In the area as far as area agencies on aging serving as service providers, the concept of area agencies on aging was established to decentralize the decisionmaking process and to provide community input into program implementation and administration. If the communities within a given area have concluded that two separate organizations, a service provider and an area agency on aging, are duplicative and not necessary, their wishes should be recognized. Such is the situation here in South Carolina, and it is the topic of considerable discussion.

The Older Americans Act currently allows an area agency on aging to provide direct services. There are no indications that this will be changed, but some of the comments will address this issue and advocate banning this practice. We oppose such a move.

Presently the State makes the determination, and it should remain that way to allow for changes in circumstances. The primary argument against such an argument appears to be that such an organization can only be motivated by its own continuation. Any organization can be motivated by self-perpetuity as is demonstrated by some who propose changing the administrative cost allotment. That increase would reduce funding for services. Currently the State determines how much administrative funds can be used. The State will also ensure that the needs of the older citizens are being met through its review of the area plan.

Again, the communities within the area do not feel that they could provide the local support needed for two separate agencies.

In keeping with the intent of providing local input, that option should remain available, especially when the organization that had been the area agency on aging chooses not to continue in that capacity. The local communities' decision in this matter should not be denied.

Thank you.

Mr. **Derrick**. Thank you very much for being with us.

Our next witness will be Cynthia Poindexter, director of the area agency on aging.

STATEMENT OF CYNTHIA POINDEXTER, DIRECTOR, LOWCOUNTRY AREA AGENCY ON AGING, YEMASSEE, SC

Ms. **Poindexter**. Congressmen Derrick and Synar, Ms. Pearson, and other distinguished guests.

I am pleased to be able to testify on the reauthorization of the Older Americans Act. I am the director of the Lowcountry Agency on Aging, a regional office which is part of a council of governments and which serves the four lower counties of the State. I have been in that position for 9 months. Before that, I worked for an Area Agency on Aging in Pennsylvania which served one county and which provided direct service.

I would like to begin my comments with some general observations about proposed changes in the act. I fully support and welcome a new emphasis on the words "community-based long-term care services," and the emphasis on providing a comprehensive array of adequate services along the continuum of care to sustain persons in their communities and homes. Older persons generally choose the least restrictive environment when faced with decisions about their place of care, and our job as administrators of the Older Americans Act is to provide the necessary options for community-based long-term care.

In the section entitled "Area Plans," additional language is proposed addressing coordination, retaining individuals at home, deferring unnecessary and costly institutionalization and client-centered care management systems. These issues have long been central to the provision of services for seniors and represent the ideals of service provision that have been our mission all along. By their very definition AAA's coordinate services, fill gaps, plan for and develop new resources and orchestrate a comprehensive delivery system. This function is sometimes called care management, case management, or even service management, but putting semantics aside, this function is an integral part of the Older Americans Act. This approach is holistic, taking into account the needs of the family, the strengths of the community and the desires of the older person. Not having a vested interest in any one service or set of services, AAA's act as brokers for the services which constitute community-based long-term care. These sections in the act serve to reiterate and strengthen this brokerage role. It is very difficult for an AAA to provide services fairly and in an unbiased way and to simultaneously act as an independent service broker.

I mentioned that case management is one term for this type of service brokerage. Case management in that sense is not a direct service per se, not like a meal or day care, transportation or any other direct provision; rather, case management is a way to coordinate services. To be effective, I feel any agency which administers the Older Americans Act needs to provide case management as the major step in assuring community-based long-term care. The intent of the Older Americans Act is for AAA's to not provide services directly if they can avoid it. This is wise in that it facilitates objectivity and a more accurate need assessment process. To be a focal point, area agencies need to coordinate all services to the elderly population and all funding sources that can serve elders.

The aging network in the past may have overemphasized those services on the more independent end of the continuum of care, such as congregate meals and senior centers. While these services are still very important, we need to not lose sight of the other end of the spectrum, the need for respite care, day care, domiciliary care, hospice and more extensive in-home services.

As part of my written testimony I have submitted a complete copy of the National Association of Area Agencies on Aging statement on community-based long-term care.

Mr. DERRICK. Thank you very much, and your entire statement will be entered into the record. We thank you very much for your testimony.

If you will just remain seated there, we will go on to the next one.

[The prepared additional statement of Ms. Poindexter follows:]

TRAINING (TITLE IV-A)

There is a tendency, I feel, to de-emphasize training within the scope of the Older American's Act. Training is an issue which is closely tied to the ability to provide quality service to older Americans. It is obvious that providing community-based long term care services is the most important component of the aging network and of the Older American's Act, but without the resources to teach professional and paraprofessional staff the necessary skills for providing care, then our efforts are worthless. Without training we are only a network of do-gooders floundering, merely attempting to relieve the losses of aging, with no real knowledge of how to do so. With adequate training and knowledge, we can be real service providers.

If money is spent on research, whether for a specific disease, or for research on more general gerontological issues, it is vital that the findings and the applied aspects of that research filter through to service providers and planners. Alzheimer's Disease research, for example, is vitally important to us. It is not just a fad to examine Alzheimer's Disease, and it is not just an illness that is currently "in" with the media. It is the fourth leading cause of death in the U.S., and a condition that is extremely difficult to manage. Alzheimer's victims are being turned away by nursing homes and medical day care centers because they are termed unmanageable. This is a tragedy. Service providers must have adequate information about the disease if they are to provide services at all the victims, which includes the patients and their families.

I support the addition to the act which would allow the Commissioner to give special consideration to training relating to give custodial and skilled care to people who have neurological diseases, and to provide respite to families.

AGE DEFINITION

I would be glad to see the Older American's Act finally include a definition of "older individuals" by age for Title III, since for all these years the aging network in this country has been operating, somewhat informally and through assumption, on that basis anyway! The act certainly needs to specify its target group and eligibility. However, I would like to see some flexibility in determining our client population; I would like to see AAA's be given the ability to serve individuals who are under sixty and impaired, or in extreme need. The funds are for older Americans, it's true, and a cut-off age needs to be agreed on, but in the past we have been providing services to persons in their fifty's who have mental retardation, or blindness, or extreme social isolation. I only issue a warning about this definition; I would hate to see current recipients kicked out because of this age specification, and I would hate to see us totally unable to reach other adults in late middle-age who would benefit from senior centers and other community services.

UNIFORM SERVICE DEFINITIONS

Under Section 211 (Reduction of Paperwork) in the Act, I appreciate the mention of "uniform service definition" and would urge that this is considered seriously. We definately need to agree, nationwide, on what services we are funded for, exactly, and what each service entails. Currently there is a lot of discrepancy among states, AAA's, and even local subcontractors about service definitions.

SINGLE ORGANIZATIONAL UNIT

There is much to be said for AAA's being highly visible, and being focal points in the areas for services to the elderly. Caution should be employed in the use of the term "single organizational unit" when referring to the makeup of area agencies on aging, simply because, in the Southeast, most AAA's are part of COG's and other umbrella agencies. It is wise, however, to insist that AAA's within another organization be a designated, identifiable unit, in order to administer the Older American's Act.

SERVICE DELIVERY IN RURAL AREAS

An example of the difficulty of working with isolated, rural areas in Daufuskie Island, in Beaufort County, in the lowest tip of S.C. Up until recently, no one has dealt with the total lack of services to the eighteen elders on the island. The area is only accessible by water, and a one-way trip to the island takes over an hour by boat. We now have plans to establish land transportation on the island and a small recreation program, but our barrier has been the funding. Money for services is scarce, much less to expand services, especially to an area like Daufuskie. Obviously, rural areas, because of isolation and having to cover more ground geographically, is more expensive to serve. Consequently, rural-based AAA's and service providers need more money just to maintain basic service levels.

CONCLUSION

I will not dwell on the following issues except to mention them briefly. I support thirty percent as the allowable transfer amount between Title III B and C, instead of twenty percent, because it gives us greater flexibility in planning for services based on needs in our local areas. I would agree with the inclusion of the terms "resource management" and "resource development" in the definitions and would wish for these functions to be recognized as important components of AAA's mandate and as legitimate expenditures. I support an increase of administration money to eleven percent. I support provisions for hearings to any dedesignated AAA and the right to appeal to AoA. I urge that federal regulations be published in a timely manner, either for comment or in final form; that AoA facilitate the development and usage of sliding contribution scales for services, based on personal income; that funding appropriations for the Older American's Act be increased to insure the continuation of services; and that advocacy remain a strong priority for the aging network and in the act.

Mr. **DERRICK**. Our next witness is Julius Kirkland, director of the Waccamaw Regional Planning and Development Center. Mr. Kirkland, we are pleased to have you.

You can sit down here and use that mike.

STATEMENT OF JULIUS M. KIRKLAND, UNIT DIRECTOR, AREA AGENCY ON AGING, WACCAMAW REGIONAL PLANNING AND DEVELOPMENT COUNCIL, GEORGETOWN, SC

Mr. **KIRKLAND**. Congressmen Derrick and Synar, and other distinguished guests, ladies and gentlemen.

I am pleased and honored to be able to testify on the reauthorization of the Older Americans Act. I am not the director of the Waccamaw Planning Council, but the unit director of the area agency on aging, which serves three counties located on the east coast of South Carolina. Our region, by the way, stands at the top of the list on the increase of those over 60 years of age in any region in South Carolina.

The Waccamaw region has become the stopping point for senior citizens desiring to escape the cold north winter and not have to go so far south where it is too hot. Retirement villages are growing in our region extremely fast.

I am in my sixth year as director of the aging program, and I have been contacted numerous times in those 6 years by those seeking assistance in planning or in building of retirement villages. During the past 12 months our area agency has received two referrals from the White House, one from the Administration on Aging, three from the regional office in Atlanta, several from the Governor's office and from the South Carolina Commission on Aging, from many New England States and as far west as Stillwater, OK. I say this to say that the area agency is becoming a growing agency in the awareness across our Nation.

I am grateful to be a part of the aging network. Older people can be so grateful for the things you do for them. Nothing could give more pleasure than being able to provide services to an older person who can remain at home and not have to spend the last days of his life in an institution of long-term care. That gratitude is one of the significant rewards of our efforts.

Our area agency, as you all know, is the newest kid on the block so far as the aging network is concerned. It was just a few years ago that the regulations required all Older Americans Act funds to go through an area agency on aging. This move established a significant position for us.

In keeping with this move, I would like to give my testimony as to the important role of the area agency and the role it plays and the importance of strengthening this position.

The area agency on aging came into being to fill a specific need. The State unit on aging was given an impossible task of assessing local needs, planning to meet these needs, and then regularly assessing, evaluating, and monitoring the work of service providers.

The area agency on aging came to fill the gap between the State agency and the service provider, the area agency was to, one, be able to make a more accurate assessment of local needs, to plan a comprehensive program of services to meet these needs, to adequately and accurately assess, evaluate and monitor the delivery of service, and then to be an advocate for the needs of all people at the local level. The area agency on aging is taking its place in the aging network and helping it grow.

These are changes which in my opinion would improve our service delivery for the elderly. Examples. You see, there are funds and programs for the elderly which come in various ways. There are funds for the grandparents program, the senior companions, RSTP, social service block grant funds, long-term care programs. There is little or no coordination between agencies handling these programs. If all funds for the elderly were made a part of the act, there would, in my opinion, be far less fragmentation and duplication of services.

Another change is in the division of the act itself. The needs of the elderly could be more adequately met if title III funds were consolidated. The local area agency on aging could then use funds as to the determination of the need for such. There are times where there are meals at a congregate site under title III(c)(1) and no transportation funds under title III(b) to get the clients to the site. Local agencies are in a better position to see this daily.

I thank you for the time and for being able to speak and advocate for our senior citizens as to the reauthorization of the Older Americans Act.

Mr. DERRICK. Thank you, Mr. Kirkland. Thank you for coming to testify, and I know you had quite a nice trip up here, and we appreciate it very much.

Congressman Synar.

Mr. **SYNAR**. Thank you, Butler. Let me start with you, Mr. Buell. The staff has told me that last year you changed to a single county area agency. How has that impacted your delivery of services?

Mr. **BUELL**. Truthfully, we have not seen much difference in the impact on delivery of services.

As a little bit of historical background, when the area agencies on aging were established here in the State of South Carolina, they went with existing boundaries set up pretty much by regional councils of governments, A-95 reviews and things. The local council of governments roughly 3 years ago elected not to continue as an area agency on aging and we went 2 years with direct contracts with the State before we were informed that there had to be an area agency on aging designated. In communications with local governments, coming up with additional funds, the 25 percent required for the administrative funds, they did not feel they could support another organization.

Keep in mind, too, that even though the council of governments chose not to continue as the AAA, they still are in existence and they are still receiving the funding that they were from the local governments, so in essence it meant creating an entirely new organization simply to provide another link in the bureaucratic chain, if you will.

During those 2 years that we were without an area agency on aging, we were pretty much held responsible for all of the requirements of the AAA, and last year—Congressman Derrick is familiar with this—we chose to request that we each be designated as the area agency on aging in our county rather than having one agency serving all the counties.

There was a list of approximately 50 different requirements of an area agency on aging given to us by the State agency, and we were already doing 44 or 45 of them.

Mr. **SYNAR**. Good. Ms. Poindexter, let me ask you. I am informed that you all have some special delivery problems because you deal with some of the islands, and I was wondering whether or not you felt that the act could be strengthened to try to accommodate for innovative new ideas by which to try to deal with situations like that.

Ms. **POINDEXTER**. I certainly think so. As I mentioned in my written testimony, it is much more difficult to provide services to the isolated rural elderly people than it is to provide services to the urban elderly in several ways, and I mentioned that in our area there is an island that can only be reached by water, and there are seniors on this island who are getting absolutely no services at all.

The problem with reaching them has not only been transportation, but funding. We do not have the money to expand the services. We sometimes hardly have the money to keep services at their current level, and I think that if we could fund special projects to reach elderly people who have never been reached before or who have real special problems that it would be extremely helpful to us.

We are looking at funding a program on this simply through local funds. We were lucky enough to come up with some people, private individuals, who wanted to give us money for this project. If we had not gotten this kind of support, we would not be able to do anything, and I think that is very sad.

Mr. **Synar**. I might point out that title IV under the present act allows for demonstration and model programs, and yet the President in this year's budget is requesting a reduction in the title IV for this new type of dealing with problems from $22.5 million down to $5 million which would virtually eliminate dealing with these types of things, and I think this is an example of really where we are going the opposite direction in what we are going to have to deal with.

As the chairman of the rural elderly task force, we have found the delivery of service to rural Americans just very difficult unless we do come up with new ideas because of the space and distances that have to be traveled to deal with such a small number. So I am glad to hear that you do think that type of funding for demonstration projects in effect should be done.

Let me ask you, Mr. Kirkland, if I could, whether or not you feel that rural elderly are having adequate transportation under the present act and whether or not we are providing in-home or access services adequately.

Mr. **Kirkland**. Congressman, I am glad you asked the question because I am in a rural area, all three counties are rural, and we are limited now to about a 5-mile radius due to the funds that we have. Consequently, there are many who need transportation that at the present time we are not able to provide.

The same thing is true with providing in-home services, because to go out 30 miles and to try to provide some in-home services for people is very expensive, and so this is a problem that we face.

Mr. **Synar**. Thank you, Butler, very much, and thank all three of you.

Mr. **Derrick**. Thank you very much. I would like to ask all of you, do you believe that the existing provisions in the act adequately address the individuals with the greatest social and economic need?

Mr. **Buell**. Yes. Currently, as Mr. Bryan mentioned, there are no means tests or anything to determine that, and we feel like it should be left in such manner.

Presently most local providers simply pursue aggressively seeking individuals who they feel do meet the economic and social need status as required under the act.

We are not advocating any type of means test because we feel like that would be a discouragement to some people to obtain the services who do not necessarily want their personal finances disclosed.

Mr. **Kirkland**. Frankly, we had or have had a very difficult time in determining this matter of what is social need, when is a person in the greatest social need. He might be a wealthy person, but he might have many social needs, and this has been a little bit of a problem for us to know where these people are and how to find them.

It is not too difficult to find those in the greatest economic need. They are often in the area in which they live. And you have other means of finding out what their need is without having a means test which I will not go into now. Most of the people we serve are those in the greatest economic need.

Ms. **Poindexter**. I am very concerned about what I hear from the current administration about the trend of letting services be supported through the service recipients, and we also get a lot of information about raising the contribution rates.

In our area we are definitely targeting those most in need through a paid case management system that assesses every client on a point system, and those in the most need get the highest priority. My question about that is this: Can you really target those most in need at the same time that you are asking them to support the program? I would like to see some guidance on that.

Mr. **Derrick**. That does seem to be inconsistent, does it not. Thank you very much.

You know, in the President's 1985 budget they have proposed consolidation of title III social service programs. Would you support this and, if so, why?

Mr. **Kirkland**. Well, I think that I can support it. I feel that it would present a program that would not be as fragmented and as duplicative if it came through the act, the services for senior citizens.

Mr. **Derrick**. Give me an example of what you are talking about.

Mr. **Kirkland**. Well, there are at present time weatherization programs for the elderly, there are programs for heat for the elderly, there are programs in ACTION for the elderly. There should be, I think, a better effort to keep these programs from—to coordinate these programs. They seem to run off in their various ways without any of the others knowing what the other is doing.

Mr. **Buell**. I would very much propose a complete consolidation of all services under III, including nutritional services. There is a lot of duplication as a result of it.

You asked for an example. I have to fill out three separate financial reports monthly right now as a result of their being funded separately, where they could be incorporated into one.

In addition, if there is greater need in another area, there is a request for a transfer of funds that has to be made. It is my understanding that all but just a handful of States have requested transfer of funds from one source to another during the past year, which would indicate that perhaps funds are not being allotted as to where the needs may necessarily lie.

Mr. Kirkland has raised a good example of transportation, and we do have a congregate meals program, but we are also having to transport those individuals to the congregate meals program. Where he is limited to 5-mile radius, we have some people who are coming from as far as 15 to 20 miles away. It does not sound like much, but when you add it up over 1 month's time, they are being transported approximately 1,000 miles each month. That is a considerable cost. We are having to transfer the funds out of the meals program to cover it.

Mr. **Derrick**. Ms. Poindexter, do you have anything?

Ms. **Poindexter**. No.

Mr. **Derrick**. Thank you very much.

We will call the next panel. As I call your name, if the entire panel will come up and have a seat here at the table, then we will start.

Lila Hanley, director of the Greenwood Council on Aging, if you would come forward, please.

Lila Albergotti, director of the Anderson Meals on Wheels.

June Durham, director of Greenville Meals on Wheels.

Tony Micksh, director of Lee County Council on Aging. You come from the area down in Lee County, that is where my mother's family is from, right out of St. Charles. St. Charles has what, two houses and one store now, I think.

We thank all of you very much for coming, and some of you long distances, to be here this morning. I want to assure you how valuable this testimony has been and will continue to be to us as we deliberate the reorganization of the Older Americans Act.

Ms. Hanley, would you mind starting, please?

STATEMENT OF LILA G. HANLEY, EXECUTIVE DIRECTOR, GREENWOOD COUNTY COUNCIL ON AGING, GREENWOOD, SC

Ms. **Hanley**. Congressmen Derrick and Synar, thank you for giving me this privilege to testify regarding the Older Americans Act reauthorization and revision.

In times like these it seems only proper that we should focus on economics, the manner in which the best and most services can be provided for the least dollars.

Section 101, declaration and objectives for older Americans, objective (6) states, "Retirement in health, honor, dignity—after years of contribution to the economy." I, for one, fail to see any honor and dignity in the present procedures used in obtaining contributions for III(c)(1) meals.

In the first place, it seems to be based on the false premise that people grow old and good and that if they have money they will give it freely for services rendered. Not so. People are not old and good nor young and bad. People come in assorted sizes and morals regardless of age. Would you give money for something if you could get it for free and no one would know?

Also, to many people there is no more dignity in going to a place where free meals are served than standing in an unemployment line or a soup line. Many older people are criticized by their peers for attending a congregate meal site. Many who need the socialization refuse to come because of their standing in the community.

There is also community criticism of programs which give away indiscriminately. In fact, the most criticism this agency has received has been due to the congregate meals program. People say, "Do you mean to tell me that people can just come and eat and just give a contribution if they so desire?"

The present system of using envelopes for contributions also does not provide the confidentiality and the privacy which many assume. The people sitting at a table with another person know what that person contributes. If some are aware that others do not contribute, then neither will they.

I would propose a system similar to that used in schools where a determination is made regarding the ability to pay, then tickets sold on a sliding fee scale. The tickets would all look alike, and no one would be able to know what was paid for the ticket. Local agencies could use their discretion, just as now, regarding the need for service.

Relaxation of the means-test regulation would permit service to more people who have poor health, eyesight, et cetera, but who may not be extremely economically deprived. It would also give the agency more respectability in the community if we could say that clients paid for their meals on a sliding fee scale. I can give you several examples of ladies 85 or 90 years of age who are unable to cook, who need transportation, meals, and socialization and who could afford to pay at least a large part of the meal cost.

If the means test is not relaxed and funds continue to diminish, I fear that aging agencies will be locked into an impossible bind for the next few years, that of not receiving funds from Federal sources and not being able to obtain funds from clients who need the services and who could pay some part of the cost for services.

Also referring to greater flexibility for the States, I would advocate that due to the diverse conditions existing from State to State that State agencies need greater freedom in administering the aging program. Additional flexibility would enable the various States to take advantage of resources unique to that State or to make adjustments in the absence of resources. Some States may also be more advanced in the development of the aging network. Flexibility would enable these States to continue growth rather than being locked into a mold. Flexibility would also reduce administrative overhead since reduction in regulations would reduce the paperwork and the personnel necessary to carry out the regulations.

I thank you for your thoughtful consideration of these recommendations.

Mr. **Derrick**. Thank you very much.

Ms. Albergotti.

STATEMENT OF LILA ALBERGOTTI, CHAIRMAN, ANDERSON COUNTY MEALS ON WHEELS, ANDERSON, SC

Ms. **Albergotti**. Thank you. Representative Butler Derrick and Representative Synar, we welcome you to Anderson, SC.

First of all, let me say that I am not a director of Meals on Wheels. I am not a dollar-a-year woman; I am a zero-dollar-a-year person, as chairman of the board of directors of Anderson County Meals on Wheels. I am a volunteer and I speak as such.

I came before you in Washington in 1980 testifying on behalf of a private Meals on Wheels Program to the effect that many of our programs nationwide did not want to accept Federal money, did not need Federal funds, but the way the regulations were written would force the funds on existing programs or they would be duplicated by Government programs.

I documented the effectiveness and extreme economy of our programs. I brought out the pride which our county felt for a program which it and it alone had made possible, and I told you about the love and appreciation which our participants felt for the program and for the volunteers, 425, who take part in the delivery. I think you were impressed. I believe that we convinced you that if the regulations stood as they were, what surely would happen to the private sector of Meals on Wheels programs would be a disaster.

For 4 years now we have been somewhat left alone, and our programs are successful beyond our wildest dreams. Community involvement, that is what made Anderson County Meals on Wheels a fantastic program. Everyone gets into the act: square dancers put on benefit dances, homebuilders sponsor fund-raising events, gardeners plant two extra rows for Meals on Wheels and haul bushels and bushels of vegetarian diets into our kitchen, the Sertomans sell Christmas trees, one group which amusingly enough calls themselves "the Dirty Old Men's Golf Club" sponsored two golf tournaments and raised $2,500 for Meals on Wheels. I could go on and on. These people enjoy the warm feeling that they receive from doing their bit for a community program which spends its dollars on the people for whom they were intended to be spent.

Do you imagine for 1 moment that any of these groups would think twice about a benefit for a Government program? No way. I could keep you here all day and all night relating the wonderful, heartwarming things that happen every day to our program because we are a private program, we are a private enterprise.

Six years ago at the National Association of Meals Programs convention in Philadelphia I begged and pleaded with other private groups not to accept Federal funds which were coming down and going to be available. I urged them to become private if at all possible where they were not, and it would develop community support. They hated every word I said. I was most unpopular, swimming against the tide.

Two years ago at the convention I began hearing that the golden eggs coming down from Washington had not proven to be as desirable as originally thought. One director of a program said to me:

> You were right. I have no time for my participants any more, the personal touch is gone, I spend 85 percent of my time on paperwork. One requisition alone which I processed took 900 pieces of paper. I would like to go back to being private.

Ah, but going back is easier said than done. I am hearing from other private programs that they are having more and more difficulty trying to coexist with their AAA's.

I quote from the director in Richmond, VA:

> Last September in Denver you very kindly offered to give me some assistance with independent funding for Meals on Wheels. Our AAA is becoming more and more difficult to work with, and all the vibes and rumors are indicating that they want to take us over. We are looking at alternatives. Can you help us?

Another director out in Oregon called me 2 weeks ago and said:

> If you will remember, I told you at the convention in Denver that I intended on going private by the spring of 1984. Our AAA is doing everything in their power to prevent our doing this by fair means or foul. I must have help.

Now, let me say at this point, gentlemen, that here in Anderson we do not have that problem. We coexist, we cooperate, we complement each other, and for that I am very grateful. I am just sad to say it is not true other places.

Private Meals on Wheels programs all over the Nation are having to fight for their very lives to avoid Federal takeover. Many have already been forced out of business, and I will submit to you documentation of this.

I had anticipated this at the outset of the Government insinuating itself into the home-delivered meals business, and my worst fears have come true.

I said to you before, and I will say it again as strongly as I know how, that Government should spend its dollars that it is so anxious to spend on organizing a group of individuals who have successful private Meals on Wheels programs to be used as consultants and to proliferate as many programs like ours as is possible across this Nation rather than doing all it can to put the private groups out of business. This is one service that drastically needs doing, but is delivered far more effectively, humanely, and economically without Federal intervention.

It is important at this point that I give you what I feel is one ideal example of difference in the economy of the private over the Federal program, and I submit documentation for that as well. A volunteer for Meals on Wheels was sent by mail a copy of a newspaper write-up about the Meals on Wheels Program in a city in a sister State. It is an ideal one for comparison as it serves the same number of meals as does ours, 425 a day. This article recounted the fact that their program's budget was $800,000. Our budget for this year, Gentlemen, is $130,000, and this will enable us to add an additional 100 participants over the year.

Mr. **Derrick**. Thank you, Ms. Albergotti. I am sorry, but we have to stop. We are going to ask everyone to adhere to the 5-minute rule. We have to ask everyone to do it. We will submit your entire statement in the record.

Ms. Durham, please, Greenville Meals on Wheels.

Ms. **Albergotti**. Representative Derrick, I am submitting to you language that I want to see incorporated into those regulations, and I will give you any help or assistance that you need. I am sorry that you cut me off, because I was not quite through, and I think what I am saying is very important.

Mr. **Derrick**. Ms. Albergotti, I thank you, and it is very important, but we have the 5-minute rule and we need to adhere to it if we are going to give everyone an opportunity, and yours will be included in the record.

[The prepared statement of Ms. Albergotti follows.]

PREPARED STATEMENT OF LILA ALBERGOTTI, CHAIRMAN, ANDERSON COUNTY MEALS-ON-WHEELS

I am here not as a dollar a year woman, but as a zero dollars a year person, as Chairman of the Board of Anderson Meals On Wheels. I am a volunteer.

Mr. Chairman, Members of the Select Committee on Aging, I came before you in Washington in 1980 testifying on behalf of Private Meals On Wheels Programs to the effect that many of our programs nationwide did not want to accept Federal money, did not need Federal funds, but the way that regulations were written would force the funds on existing programs or be duplicated by government programs. I documented the effectiveness and extreme economy of our programs. I brought out the pride which our county felt for a program which it and it alone had made possible, and I told you about the love and appreciation which our participants felt for the program and for the volunteers (425) who take part in the delivery. I think you were impressed. I believe that we convinced you that if the regulations stand as they were, what surely would happen to the private sector of the Meals On Wheels Programs would be a disaster. For four years now, we have been left alone, and our programs are successful beyond our wildest dreams. Community involvement—that's what has made Anderson County Meals On Wheels a fantastic program. Everyone gets into the act: square dancers put on benefit dances; Home Builders sponsor a fund-raising event; gardeners plant two extra rows for Meals On Wheels and our Soup Kitchen; the Sertomans sell Christmas trees; one group which call themselves "The Dirty Old Man's Golf Club" sponsored two golf tournaments and raised $2,500 for Meals On Wheels. I could go on and on. These people enjoy the good feeling they receive from doing their bit for a community program which spends its dollars on the people for whom they were intended to be spent. Do you imagine for one moment that any of these groups would think twice about a benefit for a government program? No way. I could keep you here all day and night relating wonderful, heartwarming things that happen every day to our program because we are a private program—We are Private Enterprise.

Six years ago at a N.A.M.P. Convention in Philadelphia, I begged and pleaded with other groups not to accept the Federal Funds which were coming down and going to be available—I urged them to become private, if at all possible which they were not, and to develop community support. They hated every word I said. I was most unpopular—swimming against the tide. Two years ago at the convention, I began hearing that the golden eggs coming down from Washington had not proven to be as desirable as originally thought. One director of a program said to me, "You were right. I have no time for my participants anymore. The personal touch is gone. I spend 85% of my time in paper work. One requisition alone which I processed took 900 pieces of paper. I would like to go back to being private." Ah—but going back is easier said than done. I am hearing from other Private programs that they are having more and more difficulty trying to co-exist with their Triple A's. I quote from a director in Richmond, VA, "Last September in Denver, you very kindly offered to give me some assistance with independent funding for Meals On Wheels. Our Triple A is becoming more and more difficult to work with and all vibes and rumors are indicating that they want to take us over. We are looking at alternatives. Can you help us? Another director not in Oregon called me two weeks ago and said, "If you will remember, I told you at the convention in Denver that I intended on going Private by the spring of 1984. Our Triple A is doing everything, everything in their power to prevent our doing this and by fair means or foul. I must have help."

Private Meals On Wheels Programs all over the nation are having to fight for their very lives to avoid Federal takeover. Many have already been forced out of business. I anticipated this at the outset of the government insinuating itself into the Home Delivery Meals business. My worst fears have come true. I said to you before and I will say it again, as strongly as I know how that government should spend the money it is so anxious to spend on organizing a group of individuals who have successful private Meals On Wheels Programs to be used as consultants and to proliferate as many programs like ours as is possible across the nation rather than doing all it can to put the private groups out of business. This is one service that needs doing, but is delivered for more effectively, humanly, and economically without Federal intervention. It is important, at this point that I give you one ideal example of difference in the economy of the private or federal program and I submit documentation. A volunteer for Meals On Wheels was sent by mail a copy of a newspaper write-up about the Meals On Wheels program in a city in a sister state. It is an ideal one for comparison as it serves the same number of meals as does ours—425 meals per day. The article recounted the fact that their programs budget was $800,000. Our budget for this year gentlemen is $130,000 and this will enable us to add an additional 100 participants over the year.

Gentlemen, we are a nation approaching a trillion dollars in debt. This has created havoc with our economy and plunges all too many of our citizens to the brink of bankruptcy. For our lawmakers not to do everything in their power to preserve and protect what is being accomplished on private initiative and save tax dollars is beyond belief and totally irrational. I commend those of you who have had the interest to come down to South Carolina to listen to our testimony and I urge you do whatever is necessary with regard to the reauthorization of the Older Americans Act to put a stop to the sad and critical condition which now exists with the Private Meals On Wheels Programs.

The Regulation of the Reauthorization of the Older American Act must include language which would allow federal dollars to be spent in other ways where needs are being met on a local basis. We submit to you the following language, which we would like to see incorporated.

There is no limit to what the talent of our people can accomplish with determination and leadership. Our country was founded on love and compassion for our fellowman. We took care of our own then. We can do it now. Speaking for Anderson County Meals On Wheels, I say to you "leave us alone".

AMENDMENTS TO SECTION 307(a) OF THE OLDER AMERICANS ACT OF 1965 (42 U.S.C. 3027(a)) PROPOSED BY ANDERSON COUNTY, SC, MEALS ON WHEELS

Section 307(a) of the Older Americans Act of 1965 (42 U.S.C. 3027(a)) is amended—

(1) in paragraph (5), to provide that the State agency "will afford an opportunity for a hearing upon request to any area agency on aging submitting a plan under this subchapter, to any provider of a service under such a plan, to any applicant to provide a service under such a plan, or to any private non-profit organization which provides home delivery meals to older individuals and which is affected by such a plan or is affected by an application under such a plan."

(2) in paragraph (10), to provide that "no supportive services, or nutrition services, will be directly provided by the State agency or an area agency on aging, or any subdivision of any state agency or area agency on aging, except where, in the judgment of the State agency, provision of such services by the State agency or an area agency on aging, or subdivision thereof, is necessary to assure an adequate supply of such services;

(3) in paragraph 13(H), to provide that "each area agency will give perference, where feasible, in the furnishing of home delivered meals to the use of private non-profit organizations which (i) have demonstrated an ability to furnish home delivered meals efficiently and reasonably; and (ii) furnish assurances to the area agency that such an organization will maintain efforts to solicit voluntary support and that funds made available under this subchapter to the organization will not be used to supplant funds from non-Federal sources.

(4) by adding new subparagraphs (13) (J), (K), (L), (M), (N), (O), (P), and (Q), providing as follows:

(J) each area agency shall determine (i) what private, non-profit organization(s) are engaged in providing home delivered meals to older individuals within the area agency's jurisdiction; and (ii) whether such private non-profit organization(s) are fully meeting the needs of the elderly within the entire area of the area agency's jurisdiction or any portion thereof.

(K) in the event that the area agency finds that a private non-profit organization not receiving funds under this Act is fully meeting the needs of the home-bound older individuals within the entire area agency's jurisdiction or any portion thereof, with respect to the provision of home-delivered meals, the area agency shall not award funds to any other public or private organization or agency for the provision of home-delivered meals within the area being adequately serviced by said private non-profit organization. In the event that the area agency provides funds, for any purpose whatsoever, to any agency or organization which provides home-delivered meals within the area agency's jurisdiction, other than the aforesaid private non-profit organization, the area agency shall require assurances from such other organization or agency that it will not provide home-delivered meals within the area being adequately serviced by the foregoing private non-profit organization.

(L) in the event the area agency determines that a private non-profit organization not receiving funds under this Act is partially meeting the needs of the home bound elderly within all or a portion of the area agency's jurisdiction, the area agency shall determine whether the private non-profit organization can, through private means or through a grant from the area agency, fully meet the needs of the home bound elderly within all or any portion of the area agency's jurisdiction. In the event that the private non-profit organization is able to give adequate assurances that it will fully meet the needs of the home-bound elderly for home-delivered meals within all or a portion of the area agency's jurisdiction, whether through private means or through grants from the area agency, the area agency shall not award funds to any other public or private organization or agency for the provision of home-delivered meals within the area being, or to be, adequately serviced by the said private non-profit organization. The area agency shall allow the private non-profit organization a reasonable time within which to comply with such assurances, and may adopt a reasonable transition plan for phasing out funding to such other public or private organization or agency. In the event that the private non-profit organization deems it advisable to apply for funds from the area agency in order to comply with such assurances, the area agency shall give preference to such private non-profit organization over non-private agencies or entities, in distributing funds for home-delivered meals for the area serviced by such private non-profit organization.

(M) Each area agency shall make a determination whether any organization or entity receiving funds from it is delivering home-delivered meals within an area being serviced by a private non-profit organization which does not receive funds under this Act and, to the extent that the private non-profit organization which does not receive funds under this Act is, or is able to give adequate assurances that it will, fully meeting the needs of the home-bound older persons within the area agency's jurisdiction or any portion thereof, the area agency shall discontinue funding for the other organization or entity for the provision of home-delivered meals within the area being, or to be, adequately serviced by the private non-profit organization not receiving such funds. In the event that such other entity or organization continues to receive funds from the area agency for other purposes, the area agency shall require adequate assurances from such other agency or organization that it will not provide home delivered meals within the area being, or to be, adequately serviced by the foregoing private non-profit organization which does not receive such funds.

(N) Each area agency shall make a determination whether any non-private organization or entity receiving funds from it is delivering home-delivered meals within an area being serviced by a private non-profit organization and, to the extent that the private non-profit organization is able to give adequate assurances that it will fully meet the needs of the home-bound elderly for home-delivered meals within the area agency's jurisdiction or any portion thereof, through private means or through a grant from the area agency, the area agency shall discontinue funding for the non-private agency for the delivery of home-delivered meals within the area being, or to be, adequately serviced by the private non-profit organization. The area agency shall allow the private non-profit organization a reasonable time within which to comply with such assurances, and the area agency may adopt a reasonable transition plan for phasing out such funding to the non-private organization or entity. In the event that the non-private entity or organization continues to receive funds from the area agency for other purposes, the area agency shall require adequate assurances from such non-private organization or entity that it will not provide home-delivered meals within the area being, or to be, adequately serviced by the foregoing private non-profit organization. In the event that the private non-profit organization deems it advisable to apply for funds from the area agency in order to comply with such assurances, the area agency will give preference to such private non-profit organization over non-private agencies or entities, in distributing funds for home-delivered meals for the area serviced by such private non-profit organization.

(O) Private non-profit organizations receiving funds under this Act for the provision of home-delivered meals to the home-bound elderly which desire to cease receiving funds under this Act and to rely entirely upon private sources of funds for operation shall be assisted by the area agency to the extent feasible in making such transition. The area agency may adopt a reasonable transition plan to assist in such transition. Without limiting any other provision of this Act, the area agency shall, during the period of transition and thereafter, comply with the provisions of subparagraphs (K), (L), (M), and (N) hereinabove.

(P) All private non-profit organizations identified by the area agency pursuant to subparagraph (J) of this paragraph shall receive notice and an opportunity to be heard with respect to (i) the adoption of any area plan containing provisions relating to the provision of home-delivered meals within the area, and (ii) the application of any organization or agency for any grant for funds for the delivery of home-delivered meals within the area, and such private non-profit organizations shall be deemed to have standing to challenge any aspect of such area plan and/or to challenge the granting of any such application for funds, on the ground that such area plan or grant is not in accordance with the provisions of this Act or of any regulations properly enacted to implement the same. Such private non-profit organization shall also have standing to challenge any regulation not in accordance with the provisions of this Act.

(Q) No organization or entity shall be eligible to continue to receive funds under this Act solely because such organization or entity received such funds in the past.

Mr. DERRICK. Ms. Durham.

STATEMENT OF JUNE DURHAM, DIRECTOR, GREENVILLE MEALS ON WHEELS, GREENVILLE, SC

Ms. DURHAM. Congressman Derrick, Congressman Synar.

We are grateful for this opportunity to present to the Subcommittee on Human Services, House Select Committee on Aging, our concerns regarding the reauthorization of the Older Americans Act.

Our home-delivered meals program in Greenville began in 1968 as a federally funded program. Two years later, we lost our funding. We were told to notify the clients, give the employees 2 weeks' notice, and close the doors.

We saved this program by asking the community to support it. In 1970, we became a purely private volunteer program. In 13 years, our community has invested over $1½ million in cash to this effort through churches, civic organizations, and individual donations. In 1 year alone, our volunteers will clock 30,000 hours of service and spend $35,000 of their own money for gasoline to drive their meal-delivery routes.

In 13 years, this program has grown from 100 clients to 700 clients; from 15 volunteers to 450 volunteers. Last year, in 1983, we served 140,073 meals at a total program cost of $1.39 each. I am attaching documentation to substantiate these statistics. To us, they are more than numbers. They reflect diligence, dedication, and commitment.

We do not charge the clients for our meals. Our program has one layer of administrative cost. The accountability is to the entire community which has claimed this program for its own. Current Government programs have seven layers of administrative cost. The economic advantage of our program is obvious.

In 1981, we opened five satellites to expand to cover the entirety of Greenville County. This was done to alleviate any service gaps and to meet the needs of homebound rural elderly. We accomplished this expansion totally with volunteers.

A recent task force study, conducted jointly by the Greenville Community Planning Council and the Area Agency on Aging, stated that home-delivered meal needs are being met in our area. We, as well as many others, are examples of grassroots community effort which has succeeded beyond anyone's expectation. Congress needs to be cognizant of these efforts.

In the reauthorization of the Older Americans Act, Congress should recognize the value of private, voluntary programs and the tax dollars they are saving.

The intent of the law was to aid and expand nutrition services for the elderly; yet, in some cases, it has done just the opposite. The language of the act needs to clearly address the issue of service needs being met by existing programs and require Federal home-delivered meal moneys in these areas to be redirected to communities which do not have the capability to respond. There should be enough flexibility range to allow these moneys to be spent in other services. Put the money into identified needs. It should never be used to supplant programs already in place. The threat of a competitive Federal home-delivered meal program to a viable community program is a threat to voluntary community support. A competitive Federal program can undermine and destroy effective community effort.

This can be implemented in part by requiring any agencies and State units to include private programs in training sessions and to share information vital to the maximum service delivery to the client. All parties stand to gain in this exchange.

We do not want to replace a compassionate volunteer with a Government contractor or employee. We are submitting specific recommendations to be included in the language of the reauthorization.

The defined structure of the aging network needs to be redefined to include and respect the private program initiative. We all need to work together.

Mr. DERRICK. Thank you very much, Ms. Durham.

[The prepared statement of Ms. Durham follows:]

PREPARED STATEMENT OF JUNE DURHAM, EXECUTIVE DIRECTOR, MEALS ON WHEELS, GREENVILLE, SC

Good morning, I am June Durham, executive director of the Meals on Wheels Program in Greenville, South Carolina. We are grateful for this opportunity to present to the Subcommittee on Human Services, House Select Committee on Aging, our concerns regarding the Reauthorization of the Older Americans Act.

Our home delivered meals program in Greenville began in 1968, as a federally funded program. Two years later we lost our funding. We were told to notify the clients—give the employees two weeks notice—and close the doors.

A volunteer advisory committee and a small group of fifteen (15) volunteers had a different idea. They organized and asked the community to support this program. In 1970, we became a purely private voluntary program.

In 13 years our community has invested over one and one half million dollars in cash to this effort through churches, civic organizations and individual donations.

In one year alone our volunteers will clock 30,000 hours of service and spend $35,000 of their own money for gasoline to drive their meal delivery routes.

In 13 years this program has grown from 100 clients to 700 clients, from 15 volunteers to 450 volunteers, from 1 site to 6 sites, and from a $42,000 annual budget to $230,000 annual budget.

Last year (1983) we served 140,073 meals at a total program unit cost of $1.39 each.

I am attaching documentation to substantiate these statistics. To us, they are more than numbers—they reflect diligence, dedication and commitment.

This particular program has a unique feature in that we do not charge the clients for the meals—it is offered to them by a sharing community.

Our program has only one layer of administrative cost. It is locally controlled. The accountability is to the entire community—which has claimed this program for its own. Current government programs have 7 layers of administrative cost. The economic advantage of our program is obvious.

In 1981, we opened five (5) sites to expand to cover the entirety of Greenville County. This was done to alleviate any service gaps and to meet the need of the homebound rural elderly. We accomplished this expansion totally with volunteers and an appeal to these rural areas for additional contributions.

A recent task force study conducted jointly by the Greenville Community Planning Council and the area agency on aging stated that home-delivered meal needs are being met in our area.

On Wednesday, March 21, our mayor will proclaim "Meals on Wheels" Day in Greenville. This is an annual event to note our value in the community. Many honors have come to us in recognition of our work. I served as a resource person for the committee on private sector initiative at the White House Conference on Aging. We are listed in the White House Data Book on private sector initiative as a model for others to emulate in setting up home-delivered meal programs.

We, as well as others, are examples of grass roots community effort which has succeeded beyond anyone's expectations. Congress needs to be cognizant of these efforts.

In the reauthorization of the Older Americans Act, Congress should recognize the value of private, voluntary programs and the tax dollars they are saving.

The intent of the law was to aid and expand nutrition services for the elderly. Yet, in some cases, it has done just the opposite.

As the aging population increases, we should make effective use of every tax dollar allocated for elderly.

The language of the act needs to clearly address the issue of service needs being met by existing programs and require Federal home-delivered meal monies in these areas to be re-directed to communities which do not have the capability to respond.

There should be enough flexibility range to allow these monies to be spent in other services. Put the money into identified needs—it should never be used to supplant programs already in place. The threat of a competitive, Federal, home-delivered meal program to a viable community program is a threat to voluntary community support. A competitive Federal program can undermine and destroy effective community effort.

We recommend that Congress re-emphasize to the area agencies on aging their role as planners, organizers and catalysts.

This can be implemented in part by requiring area agencies and State units to include the private, voluntary sector in training sessions to share information vital to the maximum service delivery to the client. Networking and linkage is essential. All parties stand to gain in such an exchange.

The wording in the reauthorization needs to be carefully considered so as not to adversely affect private programs. We do not want to replace a caring, compassionate volunteer with a Government contractor or employee.

In order to insure the continued viability of community volunteer efforts, we are submitting specific recommendations to be included in the language of the reauthorization.

EXHIBIT B

The defined structure of the "Aging Network" needs to be re-defined to include and respect the private program initiative. We all need to work together in an honest effort to assure the success of our basic goal—that of excellent service to the elderly.

Thank you for this opportunity to testify.

FINANCIAL HISTORY

[Total budget]

Year	Amount spent	Number meals served [1] [2]
1968	$36,000.00	3,207
1969	42,000.00	25,000
Total Federal	78,000.00	28,207
1970	42,000.00	25,000
1971	33,990.00	30,000
1972	61,429.00	42,051
1973	66,541.80	70,768
1974	67,535.37	63,397
1975	74,218.18	59,048
1976	76,119.67	66,388
1977	79,613.39	72,576
1978	95,820.25	78,826
1979	102,735.05	82,030
1980	121,083.30	93,919
1981	152,052.53	116,946
1982	197,336.22	136,330
1983	195,053.00	140.073
Total meals		1,007,352
Total expenditures	1,365,527.76	

[1] Federal funds.

[2] Community contributions.

OLDER AMERICANS ACT—PROPOSED CHANGES

p. 10. Title III. Part A. Sec. 301

. . . and with the providers of supportive services, including nutrition services and multipurpose senior centers, and including voluntary and community organizations, for the planning for the provison of . . .

new (4) establish and maintain community support networks

p. 17. Sec. 306 (a)

new (1) Be developed in consultation with older persons, consumers, and community organizations

new (2) Shall ensure involvement of community support networks, including but not limited to Meals on Wheels, in the planning and delivery of aging services in the community

(3) original (1)

(5) original (3) and shall not fragment services through area plan, funding, or reporting requirements.

p. 18. Sec. 306 (a) (6) (G)

establish an advisory council consisting of a minimum of fifty percent older individuals . . .; this advisory council shall approve the area plan prior to submission to the State; . . .

new (J) Utilize community agencies and organizations for delivery of service. The area agency shall not directly deliver any service except where said area agency can show there is no other provider, and can give evidence of a serious and continued effort to develop community provider(s). All service providers must develop linkages with community support networks and services. The area agency shall not use title III funds to supplant community organizations providing aging services.

p. 20. Sec. 307 (10) add

And each plan shall provide for a system for repeal of designation as area agency on aging of any agency which provides direct service excepting where the area agency has shown without a doubt there is no provider. (cf Sec. 306 (6)(J))

p. 22. Sec. 307 (13) (H) add

Neither will the funds made available under this title be used to undermine or duplicate what is already being done by the voluntary private sector (i.e. within existing Meals on Wheels and/or other community organizations or agencies):

new (I) Each area agency on aging will recognize the integration of meal preparation and meal delivery with provision of supportive services to the recipients of home-delivered meals to minimize costs and retain or develop maximum involvement and responsibility by volunteers and the community: this flexibility shall ensure that no undue hardships are placed upon non-profit community providers (for example, performance bonds); and

(K) present (I)

p. 33. Part C. Sec. 337 add

Preparation of meals shall not be separated from delivery of the home-delivered meals and the supportive services provided by those delivering the meals and their organizations. Community involvement and the use of volunteers shall be construed as necessary to effective and efficient provision of home-delivered meals.

Mr. **Derrick**. Mr. Micksch.

STATEMENT OF TONY MICKSCH, EXECUTIVE DIRECTOR, LEE COUNTY COUNCIL ON AGING, INC., BISHOPVILLE, SC

Mr. **Micksch**. Congressman Synar, Congressman Derrick, ladies and gentlemen.

I bring you greetings and God's blessings from the board of directors of Lee County Council on Aging and the senior citizens of Lee County.

My name is Tony Micksch and I have served as executive director of this agency for just under 4 years.

Congressman Derrick in his letter offered that I would be welcome to present remarks based upon my own experiences and views relative to OAA programs.

Congressman Derrick also stated that service delivery to the elderly in general, and the rural elderly in particular, is becoming more complex. This statement is especially true where there are limited service assets which should [illegible] delivered to those elderly with the greatest need, by whichever process that need is defined.

Lee County by the 1980 census has a total population of 18,929, with 81 percent residing in the rural areas. Of this 81 percent, only 39 percent are farm oriented.

By the same census 14.1 percent are elderly, 2,666 are age 60 and older, 625 are age 75 and older, and 135 are age 85 and older.

By 1979 census figures 913, that is 34 percent, over age 60 are below poverty level. However, poverty level income is not an accurate reflection of needs. We find that elderly with no pressing income needs have other desperate needs that also require equal and immediate consideration and attention.

When I joined this agency in July 1980, we could identify only 11 percent of the total elderly segment in Lee County by name and address. This was the sparse fruit of trying to use the usual expensive and inefficient method of door-to-door outreach.

As a direct result of the recent Federal USDA cheese distribution program and through the application of a unique approach, I appear before you today with our computer listings which identify 80 percent of the statistical elderly in rural Lee County, 96 percent of the statistical over age 75 in Lee County, and 87 percent of the statistical over age 85 in Lee County, a birthday list and a Council on Aging membership list. We can now identify with reasonable accuracy these Lee County senior citizens with the following applicable information: name, address, city and zip, phone number, date of birth, race, sex, marital status, spouse name, spouse date of birth, Social Security number, medicare number, medicaid number, and food stamp number.

None of this information was obtained from any other agency. All of this information was given to us by the individuals themselves. The majority of these senior citizens came to our senior center. Those that were unable to come sent representatives or we called on them.

This information was collected in an 18-month period between January 1982 and June 1983, but more specifically during the period March 1983 to June 1983 when the distribution guidelines permitted distribution of the cheese to all senior citizens regardless of income.

Amazingly, we multiplied our data bank by a factor of 9 in just 4 months. Our information is more complete and accurate now than ever before.

Now that we have this data, what can we do with it? Let us explore that just for one moment. We can communicate with all these senior citizens. We plan on sending questionnaires out which would give us information concerning specific problems or health needs, and we can identify volunteers with those health and other needs in time to come.

Mr. DERRICK. Thank you very much for your statement, and it will be entered in the record in its entirety.

[The prepared statement of Mr. Micksch follows:]

PREPARED STATEMENT OF TONY MICKSCH

I bring you greetings and God's blessings from the Board of Directors of Lee County Council on Aging and the Senior Citizens of Lee County.

My name is Tony Micksch and I have served as Executive Director of this agency for just under 4 years.

Congressman Derrick, in his letter, offered that I would be welcome to present remarks based upon my own experiences and views relative to OAA programs.

Congressman Derrick also stated that "Service delivery to the elderly in general, and the rural elderly in particular, is becoming more complex." This statement is especially true when there are limited service assets which should be delivered to those elderly with the greatest need. (by whichever process that need is defined)

Lee County, by 1980 Census, has a total population of 18,929 with 81% residing in the rural areas. Of this 81%, only 39% are farm oriented.

By this same Census, 14.1% are elderly: 2,666 are age 60 and over, 625 are age 75 and over, and 134 are age 85 and over.

By 1979 Census figures: 913 over age 60 are below poverty level. (34%)

However, poverty level income is not an accurate reflection of needs. We find that elderly with no pressing income needs have other desperate needs that also require equal and immediate consideration and attention.

When I joined this agency in July of 1980 we could identify only 11% of the total elderly segment in Lee County by name and address. This was the sparse fruit of trying to use the usual expensive and inefficient method of door to door outreach.

As a direct result of the recent Federal USDA Cheese Distribution Program and through the application of a unique approach, I appear before you today with our computer listings which identify: 80% of the (statistical) elderly of rural Lee County, 96% of the (statistical) over age 75 of Lee County, and 87% of the (statistical) over age 85 of Lee County.

We can now identify, with reasonable accuracy, each Lee County Senior Citizen with the following applicable information:

Name, Address, City and Zip, Phone Number, Date of Birth, Race, Sex, Marital Status, Spouse Name, Spouse Date of Birth, Social Security Number, Medicare Number, Medicaid Number, Food Stamp Number.

None of this information was obtained from any other agency. All of this information was given to us by the individuals themselves. The majority of these Senior Citizens came to our Senior Center. Those that were unable to come sent a representative or we called on them. This information was collected in an 18 month period between January 1982 and June 1983, but more specifically during the period March 1983 through June 1983 when the distribution guidelines permitted distribution of the cheese to all Senior Citizens regardless of income. Amazingly, we multiplied our data bank by a factor of nine in just four months. Our information is much more complete and accurate now than ever before.

Now that we have this data, what can we do with it? Let's explore for a moment, the possibilities.

1. We can, and have produced our mailing list to contact all Senior Citizens in Lee County providing them with information important to them.
2. We produced a listing of Seniors qualified for Food Stamps and/or Medicaid who would be eligible to receive a month of free water service from the City of Bishopville.
3. We produced a listing of Food Stamp and Medicaid Seniors and by random selection mailed half of them a letter authorizing them to each receive 3 pounds of butter which was made available to the Council on Aging for distribution.
4. We mailed to all Seniors inviting them to join the Council on Aging as voting members. We now have 980 members. One of three Senior Citizens in Lee County are voting members of our agency.
5. Recently we mailed to those 980 members and invited them to come to the annual meeting and vote for the Board vacancies and concerning a change in the By-Laws. Over 100 Senior Citizens attended this meeting.
6. We plan on sending out questionnaires which will provide us with information concerning the specific problems which are facing each person along with their specific needs. Through this we can more accurately determine what our priority services should be and what parts of Lee County are most lacking. Medical and health information needs can also be identified and resolved.
7. We also plan on surveying our Senior Citizens for talents, material goods and volunteer time which they would be willing to share with others. Then by matching needs with volunteers we will be able to generate services far beyond our Federally funded capabilities.
8. Our listing by Birthday allows us to create a program of phoning or writing to Seniors on their special day. How important it is to know that someone cares about you. How important it is that someone knows you exist.

If Congress would like direct input concerning the opinions and feelings of the Rural Elderly of Lee County, South Carolina, we would be most happy to mail your questionnaire to them and compile the results for you.

Perhaps you might wish to consider initiating a demonstration project in Lee County, South Carolina. We feel we have accomplished a great deal through application of a little ingenuity, a little surplus cheese and a lot of hard work.

Your Council on Aging in Rural Lee County has planted the seed, nourished the vine with what had been provided and brings to you today the fruits of its first harvest.

We envision that, with continued cultivation and additional nourishment, even greater harvests can be realized from this vine.

On behalf of the Senior Citizens of Lee County and our Board of Directors, I thank you, Congressmen, for the opportunity to appear before you and to share this information.

Mr. **Derrick**. Mr. Synar.

Mr. **Synar**. Thank you, Butler. I know that some of you all wanted to make some further statements. The complete statement will be made a part of the record, but we do want to hear from everyone this morning, and I do appreciate the comments that I have heard, particularly from those from the private sector, because I think there is, and I think Butler would agree, there is a role for that and finding that mix is a very important role.

Let me ask you, Tony, how long did it take you to gather all that information that you have on your page 2? You said 9 months?

Mr. **Micksch**. It was over an 18-month period, but there was a 4-month period when we received cheese, which we ordered enough for each senior citizen in Lee County. It was during that 4-month period that we gathered the majority of this information. It took me a few months to get it on the computer, but that is when we got it.

Mr. **Synar**. From that you have been able to do a much more effective job in distributing this care?

Mr. **Micksch**. Absolutely. I have contact with the entire broad base of senior citizens in Lee County, not just the poor and not just one race or another race, but the entire cross section, and when I need support, when I need volunteers, I can write to every senior citizen, at least over 80 percent of them.

Mr. **Synar**. That is good. I think that kind of information helps us, and one of the problems that we have had in the past is having a lack of a data base, which is important.

Mr. **Micksch**. If I might suggest, Congressman Synar, that if Congress would like to know what the senior citizens of a small rural county feel and think, we would be happy to send out a questionnaire for you, compile the results and get the information back, because we can contact over 80 percent of the senior citizens in Lee County for you.

Mr. **Synar**. Let me ask a question to all of you. You know the 1981 amendments to the Older Americans Act require the use of competitive bidding for nutritional program contracts. Now, priority has always been given to service providers with prior experience in serving the elderly under the program. What impact has this had on the changes within your own program?

Mr. **Micksch**. We are dealing with a company that has most of the State at the present time. It was opened up in our county for bids for this coming fiscal year, and it looks now that a local Lee County restaurant will receive the bid, and we are most excited and most happy about that. We have not been happy with the food we have been getting. We feel we will be more happy by keeping the business in the county.

Ms. **Durham**. Congressman Synar, we are in touch with over 800 programs throughout the United States, and many of the private volunteer programs which chose to compete for the bids were required to post bond, and many of them do not have the capability to do this like a private enterprise or food service firm would be able to do, and this has affected many private programs or those in existence throughout the United States.

Mr. SYNAR. Let me ask one final question, if I could. I am sorry, go ahead.

Ms. HANLEY. I would like to address that also. We have a unique program in Greenwood. It is comprised of a private pay Meals on Wheels Program, a social service block grant, (c)(2), and (c)(3) meals. Beginning January 1, 1984, we began onsite meals preparation for all programs. We are unique in that we have successfully combined private and Government programs and that we have the only site in the State which prepares and served special diets. We believe there is a great need for special diets among the homebound frail elderly as well as congregate meals—(c)(3)—clients. The community is supportive of the project and the clients have shown their support by better attendance and more contributions. Onsite preparation has enabled the agency to keep costs down and serve additional meals.

Mr. SYNAR. Ms. Albergotti, let me ask you, if I could, what kind of coordination have you done with the Older Americans Act, I mean the people that would be served by that versus the people who would be served by you so there is no duplication?

Ms. ALBERGOTTI. Mr. Richard Lay is director of the Council on Aging here, and I serve on that board as well as my own, and he just is very much aware that both programs are needed, and what he did was to take the money that came down and sent it to Oconee County where there was not an existing Meals on Wheels Program, and as I recall when he did so, he suggested to the citizens that it was going in as seed money only and that he would hope that in 2 or 3 years they would be able to take it over, and that I heartily approve of.

Mr. SYNAR. I really appreciate your testimony on the use of private funds and the private sector community involvement, and though that is the model case you are aware that that is the exception to the rule when we are talking about a nationwide program of nutrition programs.

Ms. ALBERGOTTI. Representative Synar, I do know that possibly other programs do not have as good a setup as we do here in Anderson, but I submit to you that those people are out there, they are willing to do the sort of thing that Anderson County Meals on Wheels and Greenville Meals on Wheels are doing, that the private sector could be developed.

We have a wonderful corps of people with an enormous amount of experience under our belts around the country that would be glad to lend our talents and abilities to helping other groups. In fact, we do so. June and Jane McQueen from Spartanburg and myself go wherever we are called and asked to go and help the Meals on Wheels Program. I think it is entirely possible for the Government to set up a group of consultants that would help proliferate private programs across the Nation.

Mr. SYNAR. May your number multiply because I think that would obviously be the way we would like to end up. But presently there is just not enough Lila Albergottis running around that are there to help.

You know, local people solving local problems is the philosophy I like to represent and the Government should be the course of last resort, but for many of our elderly the private sector and individuals like yourself do not exist in areas where there is dire need, and what I find troubling is that where the private sector has taken an active interest is that there has been a greater success than what we have done through the Government, so may your number multiply.

Ms. **Albergotti**. If they would, though, just send it in as seed money, as Mr. Lay has done, and try to get them on their own, I think it would be wonderful. I am all for that.

Mr. **Synar**. You realize, though, you live in a city here, this is urban versus rural.

Ms. **Albergotti**. I do understand that. We have here in Anderson a very positive approach to everything. We think we can do anything we try, and we do not mind going out for anything that we have to go out for, and it works. I think it can work for other people as well.

Mr. **Derrick**. The Older Americans Act requires that services be provided to those with the greatest needs, both social and economic. Two questions. Do you feel that your program is serving those with the most need and, if you believe that, what sort of statistics do you have or do you keep that you might reach this conclusion?

Ms. **Albergotti**. Well, sir, we answer the need, wherever we get calls we go. And if they meet our qualifications, then they are put right on our program, is all I can say. I cannot give you statistics, but I can tell you that we are taking them as fast as they come in and ask.

Mr. **Derrick**. Are you convinced that you are serving the most—and I emphasize most—the most needy?

Ms. **Albergotti**. Yes, sir; I certainly am. We have served—of course, we have some that are able to give us a donation for their meals, and they do so, that is expected. But the ones that—I would say at least two-thirds of our people are below the poverty level and do receive free meals.

Mr. **Derrick**. Thank you. Ms. Durham, would you—your prepared statement was excellent, but would you kind of go just a little into exactly how you finance your organization, I mean how you get your funds, how you solicit them and so forth? I understand about the participation of the donors, but that is not what I had in mind.

Ms. **Durham**. One thing I want to clear up, we do not charge for our meals. It is offered to our clients by a caring community free of charge. We have never charged for our meals.

Mr. **Derrick**. What I want to know is where you get the money.

Ms. **Durham**. OK. In October of each year we have a capital fund drive. We sent out 15,000 letters to our community, to churches, civic organizations, and individuals, and this response is tremendous to the tune of $200,000 a year, and our budget is $230,000. And because of many contributions of food and vegetables we got last summer we have cut that. We are going to come in right at $200,000, $30,000 below budget.

Mr. **Derrick**. Do you feel that you are serving the most needy as well?

Ms. **Durham**. We have minimum eligibility requirements for our people—60 years of age or older, they have to live alone or multiples in the home over the age of 60 which are all incapacitated, and we require a doctor's letter which tells us that they need it and why they need it and for how long. And we evaluate cases every 3 to 6 months, and if these people are rehabilitated to the extent that they can get into the mainstream, we recommend them to the congregate dining program.

Mr. **Derrick**. Do you look at their finances, the affordability of the need there?

Ms. **Durham**. This was when we were under the Federal Government, a very strict rule for us in 1968 and 1969, but we have eased up on that some, and we do not have a firm policy on that. We judge that by individual cases.

Mr. **Derrick**. In other words, if I was a millionaire or pauper, either one, I could come into your group, your program?

Ms. **Durham**. Not necessarily. I would say that probably the Derrick family would want to take care of you.

Mr. **Derrick**. I wish I had my children here. I would like for them to hear that.

Ms. Hanley, when you started to prepare your meals on site, I believe in January 1 of this year, is that correct?

Ms. **Hanley**. Right.

Mr. **Derrick**. Tell us how that program has worked.

Ms. **Hanley**. In what aspect, how we obtain the funds or how it is operated?

Mr. **Derrick**. The whole shooting match, how it is done and how you feel it is progressing at this point.

Ms. **Hanley**. We are delighted with the new method of operation. Previously, the (c)(2) and (c)(3) meals were catered by a large firm. The block grant and private home delivered meals were purchased from a local nursing home in order to obtain therapeutic diets. The large caterer could not meet those specialized dietary needs. After evaluating the situation, we decided that a good solution to meeting the dietary needs of all clients and a more economical solution would be on site meals preparation. We then began raising funds to renovate the kitchen. The nutritionist at the local hospital assisted with the development of menus and recipes. Our meals are high quality and tasty. Fresh meats and vegetables are used as much as possible. Client morale is better. They compliment the meals and contribute more money and attend more often. We think that onsite meals preparation, being able to furnish special diets, is the best thing that has ever happened to our program.

Mr. **Derrick**. How do the finances work out as opposed to doing it yourself or having it under contract?

Ms. **Hanley**. Because we were already in existence and by redirecting staff resources we were able to reduce food costs and serve additional meals.

We are presently serving 135 meals per day to congregate participants. Next year we anticipate serving 167 per day. We are presently serving 90 home delivered meals. Next year we anticipate serving 100 per day. This is a significant increase in view of the fact that next year's Federal budget will be cut by $8,000.

Ms. **Hanley**. May I add one extra thing—emphasis on the way I feel about contributions from clients. I am definitely opposed to doing things to people, whether it is the Government doing it to them or me doing it to them. I prefer to do it with them. I feel that the manner in which our private Meals on Wheels Program is operated is the ideal way to operate. A conference is held with the client to determine how much he/she can pay for the meals. The remainder is paid by United Way or local contributions. We would like to operate the (c)(2) and (c)(3) programs in the same manner, with Federal funds paying the remainder. This would enable us to serve more people and would certainly be considered more respectable by the community.

I feel that if the Government cannot afford to give meals to all of the poor elderly, then it does not have the right to give meals to a few poor people with no viable option left for the others.

Mr. **Derrick**. Do any of your organizations get any money from like the Community Chest and organizations like that?

Ms. **Hanley**. Yes. Our agency is funded by United Way.

Mr. **Derrick**. United Way.

Ms. **Hanley**. Right.

Mr. **Derrick**. OK. Thank you. Mr. Micksch, the President's 1985 budget proposes to consolidate nutrition programs under title III(c) of the act with other social services provided under III(c). What do you think the impact of this consolidation would be on any other programs you might have there?

Mr. **Micksch**. If you are referring to consolidating III(b), (c)(1) and (c)(2), I am entirely in favor of that. As George Buell pointed out, in rural areas we have to, in many cases, put more funding into the transportation end of bringing people in for congregate meals so we can serve to the four corners of the county, whereas in a city area you do not need to do that so much, and so we need the flexibility and it should be offered to us.

Another problem is that a person on (c)(1) meals, which is congregate meals, if they take sick and we now have to deliver that meal to them at home, we have to charge them against the (c)(2) program, and where we are already fully budgeted and spending those meals now we are running into the hole where we should be able to transfer that money from (c)(1) to (c)(2) midstream.

Mr. **Derrick**. We have had a lot of excellent testimony about the private program, and I know enough about Lee County to know that it is a small rural county, you have a very high percentage of people living below the poverty level. Do you think it would be possible to run a private program in Lee County, or has anyone tried it, or could you comment? This is an entirely, well, at least two of the agencies are run in rather high density population areas.

Mr. **Micksch**. The interagency council made a strong attempt to organize a separate nonprofit agency to gather information on poor young as well as poor seniors and other needy, and we were going to use this as a basis of gathering the entire county together and getting financial support from local industry, service clubs, et cetera. We were going to use the commodity distribution program. We had anticipated getting in a carload of cheese and butter, et cetera, at a time and organizing this program. Once you can put these commodities out in the county and the county people see that you are doing something for them, they will get behind it. And we had anticipated moving in that direction, but I do not think without something big like the support of the commodity program which has been cut off for us that we could accomplish that.

Mr. DERRICK. OK. I thank you all very much for your testimony. Does anyone else On the panel have anything else they want to say?

Ms. DURHAM. I just have one thing.

Mr. DERRICK. Certainly.

Ms. DURHAM. Congressman Synar, in regard to the rural participation in this, in 1981 when we went to the countywide program, we did this without adding a single staff person. We had a staff of four at that time to run our program along with 450 volunteers, and we went out to little rural communities in Greenville County and found people willing to serve as volunteer coordinators for their community, and we developed a volunteer corps throughout the county without it costing us any staff money, and I do feel that the rural area can be motivated to participate because I have firsthand experience with getting it done.

Mr. DERRICK. I am not going to pass up this opportunity to ask just kind of a general question. There is something that has concerned me and I have personal experience with it in my family. What do you think we all might do to keep senior citizens who are retired, to keep their minds active? I know that is something that I have seen in my family on a personal basis, and it seems to me probably we could keep everybody healthier and living longer if we could figure out the answer to that.

Ms. HANLEY. Congressman, I would like very much to speak to that because that is a great part of what we do in the Greenwood Senior Center and our centers throughout the county is to provide stimulation, provide other people for them to talk to, and also a place for them to do crafts, recreational kinds of things, card playing, being involved in community activities.

I think there is nothing that stagnates a person so much as inactivity, whether it is physical or mental, and I think more senior centers, more multipurpose senior centers where people can come after they retire and interact in ways in which they desire, I think would be the greatest thing that we could do, and I think the testimony of our participants attests to that fact.

Mr. DERRICK. You know, the senior citizen centers that I have visited, I certainly would have to agree with you, I think all of them that I have visited are just wonderful. What I would like to be sure is that everyone would have the opportunity to participate.

I was in one just the other day up in Liberty, and everyone seemed to be alive and they were doing something, and I was very impressed. Yes.

Ms. ALBERGOTTI. Congressman Derrick, I would like to speak to that as well. One of the most thrilling things to me about our program is the number of retired people who are volunteering for us. It is absolutely super, and we have as many men as we do women. They love getting down there and the camaraderie of working together, they have a feeling of doing something worthwhile. And I had the opportunity several years ago when someone was presenting the idea of building a lot of recreational facilities for the elderly, and I said,

> You know, I think recreational facilities are wonderful, but churches all have them, and I think what we need to do is to stimulate our elderly people to get out and do some volunteer work and give something of themselves to other people. They will get ten times more out of it than they will playing shuffleboard or something.

Mr. DERRICK. Yes, go ahead.

Mr. MICKSCH. Congressman Derrick, I would suggest one answer would be the parable of the good Samaritan in that love is involved. When you identify those that are in need, those wounded people, those people that are hurting, and then in turn you identify those people that have time and assets and love to give, then the person who needs that love, who needs that help, and receives the love, the person giving it is giving love, and in turn both receive love and love is generated, and love is what makes the world go round, and that is what we are in this business for, and that is the answer—more of it.

Mr. DERRICK. All right. We are going to allow members of the audience to ask questions and have anything they want to say when we finish the testimony.

We are going to take about a 10-minute break now. It is about quarter to 11; we will come back about 5 to 11 and we will get started again with the witnesses.

VOICE. I just wanted to say exactly what they said. I have been in volunteer work for over 25 years, and what this does for the other senior citizens who do not need someone to come to their home, this is therapy. Every older citizen needs to feel needed, and we must allow these programs to go on where they are doing something for somebody. Data and statistics are very cold things. They do not prove a point.

Mr. DERRICK. Thank you very much.

[Recess.]

Mr. SYNAR. Let us get started. Butler is on the phone with the Governor, so we will start out.

Our next panel is to be focused in on the recipients of the various programs. If Mildred Riley and Olas Chastain will come forward.

[Pause.]

Mr. DERRICK. If we could get started. Ms. Riley and Mr. Chastain, we appreciate your both coming very much. Ms. Riley, we will hear from you first.

Oh, by the way, during the break I had a call from the Governor. He said to tell you all hello. He is coming up to Anderson here in about 10 days.

Go ahead.

STATEMENTS OF MILDRED RILEY, ANDERSON, SC, AND OLAS CHASTAIN, LaFRANCE, SC, RECIPIENTS

Mrs. RILEY. Thank you. Congressman Derrick, Congressman Synar. Mr. Chastain and I collaborated in our testimony, and with your permission we would like to present it together.

During the period 1970 to 1980 the population of the senior citizens of Anderson and Oconee Counties has increased at a rate much greater than the overall population. During that 10-year period the population age 60 and over has increased nearly 50 percent, while the overall population has increased a little over 25 percent in both Anderson and Oconee Counties. This rapid increase of the elderly population has resulted in a corresponding increase for those services authorized by the Older Americans Act.

Anderson and Oconee Counties are for the most part rural. With an increase in population, ways and means must be developed to reach out and provide services to these rural senior citizens. Funding is not now sufficient to adequately provide services to our rural elderly. In the future, increased funds to bridge this gap and to provide services for the growing elderly population must be received.

Services currently provided are nutrition, transportation, inhome assistance, Outreach, and senior community service employment.

In the field of nutrition seven congregate dining sites are operated in the two counties. In the years 1981 and 1982 78,168 meals were served and 19,205 meals home delivered in Oconee County. In 1982 and 1983, 88,224 meals were served and 22,018 home delivered in Oconee County. The benefits of these programs are:

One, elderly persons with low incomes receive a hot, nutritious meal for which they are privileged to donate—a privilege, which the elderly citizens highly appreciate, as we are proud, independent American citizens.

Two, a wholesome atmosphere is provided where the elderly can meet and make new friends, and participate in educational, recreational, religious, and other related activities. This is the most important aspect of the congregate dining program. It is the greatest deterrent to senility and institutionalization ever provided.

During the 7 years I have participated in the nutrition program, first as a volunteer for transportation and then as a participant, I have seen many undergo a metamorphosis. They come in listless, bitter, withdrawn, careless of dress, little interest in the other participants or their surroundings. In a few weeks they change. They take pride in their appearance, they make new friends, they participate in the activities and even share their latent talents. They begin to live again. It gives the elderly something to look forward to each day—a reason to get up and get dressed, a reason to get out of the home and go somewhere and do something. All of this contributes to keeping the mind alert and the body healthy.

In the case of the home-delivered meal, a service is provided to the homebound who is an elderly person who is physically unable to get to the congregate dining site. In addition to being provided a hot, nutritious meal, the elderly is visited by the person delivering the meal. In many cases this is the only person that the elderly will see that day. This demonstrates that someone cares. The visit breaks periods of loneliness, worry, and depression.

IN-HOME ASSISTANCE

Our agency recently started an in-home assistance program for those elderly who live alone and who are so frail they are unable to do simple household chores or to take care of their personal hygiene needs. Presently 1 homemaker staff employee renders this service for 15 elderly persons. More funds are needed to expand this program. We feel this is the trend for the future. Most elderly people are happiest living in familiar surroundings and keeping a grasp to some extent on their own affairs.

If costs for nursing and residential group care continue to rise, the cost to various agencies will be prohibitive.

The need for outreach is crucial. Many elderly are not aware of the services provided, hence they are left out. We have three people in Outreach for the two counties. They cannot possibly cover the rural area because of the distance and time required.

These workers in Outreach also have to perform escort service which is actually necessary, but time consuming, as this is done on a 1-to-1 basis. Sufficient time for recordkeeping and accountability must be allowed. Other services such as energy assistance, USDA commodity delivery, et cetera, are also provided by Outreach. At least three more workers in Outreach should be provided at this time.

Thank you for the time you have allowed me.

Mr. DERRICK. Thank you very much for your testimony, Mrs. Riley. It will be very helpful.

Mr. Chastain.

STATEMENT OF OLAS CHASTAIN

Mr. CHASTAIN. Thank you. Congressman Derrick, Mr. Synar, and all participants in this program today.

Let me first thank you for giving me an invitation to come and testify for we, the elderly people of America.

I see it as a participant. I am only a participant and I have been participating for some 4 or 5 years, and my wife and I both participate together. And it has been very helpful to my wife. I would like to say that in the beginning.

I see the greatest need is transportation. As I travel a good bit throughout our area of the community where our site bus has to travel, I see a lot of needy people and a lot of them unable to get to the site because they don't have transportation.

Transportation, as I say, is one of the greatest needs that we have in our program, not only to carry the people to the congregate meal sites, but these elderly people that have no cars, no transportation, no money to go out and hire people to take them to various places, must depend on these vans to carry them to the doctor's office, to the grocery store, to various places that they must go to to get their necessary needs of life—the hospital and the drug store, a number of things—they have to depend on this. And the lower income of the elderly would not provide them to hire people because, as we all realize, we are living in a day of inflation all together, and gas and cars are very high, and it is a great price to go out and get someone and carry them. So I see the need of more transportation.

I think the transportation program should be funded more than it is. I think it should go 90 to 100 percent instead of the 80 percent that is funded at this present time, and that more buses or more vans might be bought and more drivers hired.

Now, you have to have money to have the drivers to drive the vans even after you get the van, so we need this. In our Senior Community Service Employment, title V, we have a great need of this program there.

A continuation of this program is vital to continuing services described in the preceding paragraphs. Sixteen title V of a total of 40 work for our agency. These employees are age 55 or older. They must meet that requirement to be employed here, and they are paid a salary of $3.35 an hour for 4 hours a day, which is not a lot of money, but that is something that keeps them off of the lines, unemployment lines, gives them something to do there. And if this program is eliminated it would be necessary to hire these people and pay them at a higher price. So I think this program needs to be refunded, that these people be not really taken off and they not be replaced at a larger salary there, and the funds would not be sufficient to carry on. This is a program that 16 people are staying off the rolls of unemployment, we might say.

The unmet needs would be some things that I see here. Two additional nutritional sites are needed in the Anderson County area—one site in the rural Starr-Iva area and one site in the Williamston area, which is in Anderson County. One additional nutritional site is needed in Oconee County, the Salem area.

At least six additional vans should be supplied that they could meet the needs of all these people because, as I stated before, as I travel throughout the community I see many people who need to be at the meal sites, especially for that good nutritious meal that they can get once a day and the wonderful fellowship that they have when they come together at the meal sites. And let me say there is just wonderful fellowship that I really enjoy it there. We need the six additional vans.

In our needs to meet the transportation needs of the two counties, additional funds are needed to expand the in-home homemaker services. Seed money is needed to provide food for the needy on weekends and holidays. A pilot project has been developed to test the acceptability of a variety of food products available, freeze-dried and canned and frozen foods.

Let me say in conclusion that the Older Americans Act funds are being used to provide only the basic needs to a small segment of the elderly population. More funds are needed to reach more of our needy elderly, but in particular in the rural areas, and I want to stress that again, in particular in the rural areas where it is needed so much.

The upward trend of the elderly population signals greater demand for services in the future and increased funds be made available to provide these services.

In-home assistance to the frail and elderly must be planned for now, and even more so in the future. Funds must be provided for this service if we truly want to prevent and/or delay our elderly from becoming permanently institutionalized. And this is one thing that is stressed in our program there, to go to the congregate meal sites, meet the people, get the fellowship and stay out of the nursing homes. And I think that is a great thing there that will keep many people out of them.

Let me say thank you, Congressmen, for your interest and your entire work that you have been doing for the help of the elderly needy of America. And may God bless you for your efforts. Thank you.

Mr. SYNAR. Let me thank both of you for testifying today. I think that your testimony as recipients and the ones that we are trying to work for are very insightful in what we are trying to accomplish.

[The prepared statement of Ms. Riley and Mr. Chastain follows.]

PREPARED STATEMENT OF MILDRED RILEY AND OLAS CHASTAIN

1. THE PROBLEM

a. During the period 1970–1980, the population of the Senior Citizens in Anderson and Oconee Counties has increased at a rate much greater than the overall population. During that 10 year period the population age 60 and over has increased nearly 50% while the overall population has increased a little over 25% in both Anderson and Oconee Counties.

POPULATION

	1970	1980	Percent increase
Anderson County:			
Age 60 and over	14,024	20,487	46
Total population	105,474	133,235	26
Oconee County:			
Age 60 and over	5,200	7,600	46
Total population	40,700	49,900	23.6

This rapid increase of the elderly population has resulted in a corresponding increase for those services authorized by the Older Americans Act.

b. Anderson and Oconee Counties are, for the most part, rural. With an increase in population, ways and means must be developed to reach out and provide services to these rural senior citizens. Funding is not now sufficient to adequately provide services to our rural elderly. In the future, increased funds to bridge this gap and to provide services for the growing elderly population must be received.

2. SERVICES CURRENTLY PROVIDED

a. Nutrition: Seven congregate dining sites are operated in the two counties. In '81–82, 78,168 meals were served and 19,205 meals home delivered in Oconee County. In '82–83, 88,224 meals were served and 22,018 home delivered in Oconee County. The benefits of these programs are:

(1) Elderly persons with low income receive a hot nutritious meal for which they are privileged to donate. A privilege which they appreciate as they are proud, independent American Citizens.

(2) A wholesome atmosphere is provided where the elderly can meet and make new friends, and participate in educational, recreational, religious and other related activities. This is the most important aspect of the congregate dining program. It is the greatest deterrent to senility and institutionalization ever provided.

During the (7) seven years I have participated in the nutrition program, first as a volunteer for transportation, and then as a participant, I have seen many undergo a metamorphosis. They come in listless, bitter, withdrawn, careless of dress, little interest in the other participants nor their surroundings. In a few weeks they change. They take pride in their appearance, they make friends, they participate in the activities, and even show their latent talents. They begin to live again! It gives the elderly something to look forward to each day—a reason to get up and get dressed—a reason to get out of the home and go somewhere and do something. All of this contributes to keeping the mind alert and the body healthy. In the case of the home delivered meal, a service is provided to the homebound—an elderly person who is physically unable to get to the congregate dining site. In addition to being provided a hot nutritious meal, the elderly is visited by the person delivering the meal. In many cases this is the only person that the elderly will see that day. This demonstrates that someone cares, the visit breaks periods of loneliness, worry, and depression.

b. Transportation: The number one priority! Most elderly rely on Agency transportation to get to and from the congregate dining sites. Transportation is also a must to home delivered meals; particularly in the rural areas. The elderly rely on Agency transportation to go grocery shopping (this is scheduled so as to maximize use of vans), to and from the doctor, clinic, hospital, drug store, etc. Without transportation support from our Agency, the low income elderly would be faced with problems of such a magnitude that they would probably just "give up" and sit at home in isolation and misery. Fund transportation 90-100% instead of 80%.

c. In Home Assistance: Our Agency recently begun an "in home" assistance program for those elderly who live alone and who are so frail they are unable to do simple household chores or take care of their personal hygiene needs. Presently, one Homemaker staff employee renders this service and is currently assisting about (15) fifteen persons. More funds are needed to expand this program. We feel this is the trend for the future. These people are happiest living in familiar surroundings and keeping a grasp to some extent on their own affairs.

If costs for nursing and residential group care continues to rise, the cost to various Agencies will be prohibitive.

The need for Outreach is crucial. Many elderly are not aware of the services provided, hence they are left out. We have (3) three people in Outreach for the two counties. They cannot possibly cover the rural area because of distance and time required.

These workers in Outreach also have to perform escort service, which is actually necessary but time consuming; as this is done on a one on one basis. Sufficient time for record keeping and accountability must be allowed. At least (3) three more workers in Outreach should be provided at this time. Other services such as energy assistance, USDA commodity delivery, etc. are also provided.

3. SENIOR COMMUNITY SERVICE EMPLOYMENT—TITLE V

a. Continuation of this program is vital to continuing the services described in the preceding paragraphs. Currently, (16) sixteen title V employees of a total of (40) forty work for our Agency.

These employees are age 55 or over and must meet certain minimum income criterial to be eligible for employment. They are paid $3.35/hr and work 4 hrs/day. Should this program be eliminated, it would be necessary for this Agency to hire (16) sixteen replacements at probably a higher wage rate. Unless Federal/State funds were received, this Agency could not replace these employees with local funding sources. The result would be a drastic reduction in services now being provided. This program is keeping (16) sixteen people off rolls of the unemployed.

4. UNMET NEEDS

a. Two additional nutrition sites are needed in Anderson County. One in the rural Starr-Iva area and one in the Williamston area.

b. One additional nutrition site is needed in Oconee County; the Salem area.

c. At least six additional vans are needed to meet the transportation needs in the two counties.

d. Additional funds are needed to expand the in-home Homemaker services.

e. Seed money is needed to provide food for the needy on weekends and holidays. A pilot project has been developed to test acceptability of a variety of food products currently available (retort, freeze dried, canned frozen, etc.)

5. CONCLUSIONS

a. Older American Act funds are being used to provide only the basic needs to a small segment of our elderly population. More funds are needed to reach more of our needy elderly, particularly in the rural areas.

b. The upward trend of the elderly population signals a greater demand for services in the future and increased funds being made available to provide these services.

c. In-Home assistance to the frail elderly must be planned for now and even more so in the future. Funds must be provided for this service if we truly want to prevent and/or delay our elderly from becoming permanently institutionalized.

Mr. Synar. Let me ask you, Olas, you said in your testimony you all need six vans to improve transportation. As I have traveled around the country that seems to be the No. 1 issue of our elderly, is providing better transportation, not only to get to the congregate meal site, but basically to do some basic things like go get your groceries, pick up your medicine, shopping and the types of things where rural elderly are really shut in without transportation.

You know, the panel that was right before you said that we can solve those problems through the churches here in South Carolina and around the country and local community involvement. Have you all tried to get community participation to provide the six more vans so that you could solve this problem?

Mr. Chastain. Would you rephrase that? I did not quite understand it.

Mr. Synar. Have you gotten the community leaders to maybe try to help you raise the money for the vans?

Mr. Chastain. Well, it has been advocated, certainly it has been advocated, but then we have not received much help as far as doing this so far.

Mr. Synar. You have not found much help from the churches or industry or business here to help provide for the vans?

Mr. Chastain. No. No, we have not found too much interest around in the section where we work.

Mr. Synar. What kind of participation do you have by business in your programs out there where you live?

Mr. Chastain. Well, not too awfully much as I know of. There is some, but not too much. There has been a place provided for us to meet and have the congregate meal site, but other than that, the transportation has just dropped down to the van. We only have one van at the Pendleton meal site. That is where I attend. And this van has to cover a vast area there.

Mr. Synar. How many people does that van pick up every day?

Mr. Chastain. I believe it picks up about 16 people at one load. It has to make about three different loads to get all the people in. You see, most of the people, 80 percent or more of the people, are picked up on this van and brought in. There is a few people that is participating that have cars, and they drive their cars in to the meal site.

Mr. Synar. How many people are you feeding out there?

Mr. Chastain. We are feeding anywhere from 50 to 60 people.

Mr. Synar. Fifty to sixty people. So without the van and without more help either from some form of government or private enterprise, those 50 or 60 people may not be fed in the future, correct?

Mr. Chastain. That is true, yeah. And every year or two there is more that are coming at the age they have to be to participate. And the population is certainly increasing. And unless there is more funds and more vans, there are some people are going to go—like in the future we are looking down the road to the future now because the population is increasing very fast in that age category.

Mr. Synar. Mildred, is that the same thing you find in your area?

Mrs. Riley. Yes. We are from the same area. I happen to have been there longer than Mr. Chastain, and I was there when they secured the first van, the van we have now. The town of Pendleton contributed $2,500 toward that van. At that time they were very interested, and they still are interested in the senior citizens program. Their interest for the past 2 years has been in getting us a permanent place to meet.

We have been meeting at churches, so they have emphasized a place, and we do have it now, an old depot, Southern depot was converted into a senior citizens' meal site. Therefore, we could not ask them for funds for transportation until we were inside our permanent home.

When we got the first van, United Way contributed, and we participants put on programs. We put on auctions, we gave private donations, and we also were active in securing funds, matching funds for our van. We will do that again when we can, but right now we are trying to furnish our new place. We are interested in getting an icemaker and other things that we really need.

Mr. SYNAR. I want to thank you both for your comments, because I think what you have pointed to is there is a difference between those who are elderly that live in urban areas and those who live in rural areas, that the services which they have available to them are much more limited, and that the problems they face like in the urban areas are different in things like transportation or basic necessities, that if they do not have adequate health care, food, medicine, shopping abilities and, more importantly, they become literally shut-ins to their own homes. So I think your testimony this morning has been very helpful to focus in on what we are finding across the country as the problems of the rural elderly.

Mrs. RILEY. I would just like to add that living in a rural area in a small town, not only do you have to notify and reach the citizens that you wish to help, but you have to gain the confidence of the local merchants and others to provide some help. They are just beginning to know that we are there and to see the effective work that is being done. During the first 2 or 3 years we were meeting in churches they were not even aware of us. So the city of Pendleton is becoming aware we are there. They have all been helpful and we appreciate it.

Mr. DERRICK. Thank you very much, Mrs. Riley and Mr. Chastain. As I understand, you both live in the Pendleton area, is that correct?

Mr. CHASTAIN. Yes. I live near the Pendleton area; Mrs. Riley lives nearer, but then she comes to the Pendleton meal site there, and it is included into the Pendleton area because our van picks up several of our participants around the area which she lives. She lives several miles from the site. I only live about 2 miles.

Mr. DERRICK. Are most of the people that you know who are in need of these services being served? Of course, I understand the problem of the vans, but generally, is the program reaching out to most of those who need the help?

Mr. CHASTAIN. I would not say a hundred percent by no means, because a lot of them need help like the transportation that we talked about so much, like going to the grocery store, going to the doctor and various things.

And, of course, the van is not appropriate all the time for that. You only have about 1 day a week that you can do this. On the other occasions where someone has to go, they do get a van. But the vans are so overworked they do not have time to get into all this. So that is why I say we need more vans. I think if we had more vans and more drivers——

Mr. DERRICK. Let me ask you, those people that own automobiles and are able financially to operate them, are they helping take people to doctors and do things, I mean elderly citizens who own automobiles and are able to, are you getting the participation of that?

Mr. CHASTAIN. We are getting some participation.

Mr. DERRICK. You know, these vans are very expensive propositions by the time you buy them and put insurance on them and put gas in them and the upkeep, and hire somebody or either get somebody to operate them.

Mr. CHASTAIN. Yes. I think our people are very good about carrying the people, but as I mentioned before, the price of gas and everything runs into a little bit of money, and sometimes a person will want to go but maybe is not financially able to get out and do so much as they would like to toward helping these elderly people.

Mr. DERRICK. Thank you both very much for your testimony. And thank you for coming here and being with us this morning.

Mr. CHASTAIN. Thank you.

Mr. DERRICK. Our next two witnesses are Ruth Coleman from Green Thumb, Inc., and Jennifer Doyle, American Association of Retired Persons.

Joan Barnes, who is from the National Council of Senior Citizens, could not be here this morning and sends her regrets.

We thank you very much for being here. Ms. Coleman, if you would start off with your testimony, please.

STATEMENT OF RUTH COLEMAN, UNIT DIRECTOR, GREEN THUMB, INC., ALABAMA-GEORGIA-SOUTH CAROLINA UNIT, JESSUP, GA

Ms. COLEMAN. Thank you. I will preface my written testimony by stating that the majority of the people that you have had testifying here today have use of title V workers, so we are very glad to have them represent us.

As you know, my name is Ruth Coleman. I am the unit director of South Carolina, Georgia, and Alabama Green Thumb.

On behalf of the 2,690 title V workers in our three States, of which 622 are Green Thumb workers, we want to thank you for the opportunity to discuss with you the reauthorization of the Older Americans Act and to inform you of some of the activities that title V workers, particularly Green Thumbers, are doing.

As you are aware, Green Thumb is sponsored by the National Farmers Union and funded by the U.S. Department of Labor. We have served the rural elderly since 1965 by providing them with part-time employment and training to prepare them for unsubsidized employment.

Green Thumb enrollees must be 55 years of age or older and meet an income eligibility based on the Federal poverty guidelines. The majority of our enrollees fall far below the poverty guidelines.

Enrollees are given a medical examination to be sure they are able to perform the duties that they are assigned to. This assignment comes after an evaluation of skills and needs has been made with the older worker. It opens many new worlds to the enrollees, and in some instances a lifetime dream comes true of being placed in an opportunity they have always dreamed of, but because of lack of training was not able to participate.

For example, the 78-year-old lady who counsels at the shelter for battered women and children, and the 68-year-old lady who teaches sign language at the school for the handicapped, or the many homemakers who go into the homes to provide services and prevent institutionalizing the elderly, or the weatherization crew that weatherizes the homes of the elderly, or the seasonal workers that provide community gardens for the handicapped and the disabled.

While the financial gains they receive from this program means heat in the winter and meat on their tables, it becomes almost secondary as to the feeling of independence, self-respect, belonging and the joy of once again returning to the work force. Their physical and mental health is greatly improved. As one doctor stated on the bottom of the annual medical certificate,"Please keep Ms. Wilson working. Her blood pressure has dropped 30 points. There is no charge for this examination."

We do not get many doctors willing to forgo their charges, but we do get many statements telling how much the enrollee's health has improved.

How effective is this program? Maybe it depends on how you measure it. In my case there is a long list of host agencies which includes city mayors, county commissioners, and almost every State and local nonprofit agency asking for workers. They are saying that they are more dependable, more hard working, and more dedicated people than they have ever worked.

These community-based organizations are providing services that could not be performed without the assistance of our title V workers.

In your State of South Carolina, 970 title V workers touch the lives of almost 50,000 people. May we suggest on behalf of those people in your State and the other States that our program is implemented that in your reauthorization of the act that you realize the importance of title V staying with the Department of Labor, that in-kind be studied, and arrangements made for those agencies such as Federal agencies to participate in the program. Most of these agencies are very good worksites, but because of having Federal funds are not able to come up with in-kind.

We will leave to your wisdom the suggestion of more slots to be allocated. However, we do state that while each State is very appreciative of the number they receive, it has in no way enabled us to serve the majority of the elderly seniors.

I have taken the liberty to enclose with this report a copy of the worksites that I hope you will be able to share with your aides so they will be able to visit and see for themselves the many duties that title V workers are performing.

Mr. Chairman, in closing, I want to say on behalf of Harry Bryan and many other people that have spoken here that they all agree that title V is a very viable, effective program throughout the Nation, and we want to thank you, as we are certainly aware of your support, and on their behalf and on behalf of all the program operators, we want to thank you for helping make it possible that so many of our senior citizens return to the work force. Thank you.

In answer to your question, if I may, what will keep them working, what I mean is, what is going to keep the senior citizens living longer, going to keep them interested, that if we can provide the senior citizen a job, we are going to keep him active, his mind active. We may satisfy their stomach and nutrition side, but we have to have some work to stimulate the minds.

Thank you.

Mr. **Derrick**. Thank you very much.

Mrs. **Doyle**.

STATEMENT OF JENNIFER DOYLE, PROJECT DIRECTOR, AMERICAN ASSOCIATION OF RETIRED PERSONS, GREENVILLE, SC

Mrs. **Doyle**. Congressman Derrick, the American Association of Retired Persons is pleased to testify at this hearing on the Title V Senior Community Service Employment Program, or SCSEP. The association supports four key principles for title V during the reauthorization of the Older Americans Act.

The first is that the Senior Community Service Employment Program should remain in the Department of Labor as a separate program. AARP believes the Department of Labor should administer title V because it has primary reponsibility for employment and training activities.

Congress gave careful consideration to the proper placement of the national senior citizens corps when it created the SCSEP. This decision was made after much deliberation, as I am sure you know. The reasons are equally compelling today as they were more than a decade ago when Congress gave overwhelming approval for the program.

Finally, those who favor shifting title V from the Department of Labor must produce evidence on two key points. First, they must show that the program will operate more effectively and efficiently at another agency without causing great disruption. Second, they must show how this will occur. This case simply has not been made. For these reasons, we reaffirm that the Department of Labor should continue to administer title V.

THREE-YEAR REAUTHORIZATION

The second point is that the SCSEP and other Older Americans Act programs should be extended for at least 3 years. A program as successful and effective as title V deserves to be continued for at least 3 years. This will provide greater continuity for the SCSEP as well as prevent disruptive starts and stops.

Congress has traditionally approved 3-year extensions for title V. This helps program administrators in planning their activity by providing them with sufficient lead time. At the same time, a 3-year extension enables the Congress to review the program periodically.

Third, authorization levels should be adjusted to take into account higher living costs and to permit some expansion to enable more low-income older persons to participate. The SCSEP costs have increased in recent years because of steadily rising worker compensation rates, Federal unemployment taxes, and Social Security taxes.

Increased authorization is the fourth point. AARP recommends that the fiscal year 1984 authorization for SCSEP be boosted by $2.15 million, from $317.3 million to $319.45 million. Title V is currently funded, as you probably know, at $319.45 million for the 1983-84 program year. This amount is actually above the SCSEP authorization for fiscal year 1983 by $22.95 million because the Congress provided, in effect, a waiver for title V when it approved additional funding for the emergency jobs law.

Title V is funded at $317.3 million for fiscal year 1984 which is the full amount of the authorization. Fiscal year 1984 will cover the period July 1, 1984 to June 30, 1985 since the SCSEP is forward-funded by 9 months.

An increase in the authorization is necessary to avoid reducing the number of average hours for title V workers or enrollees or cutting back on the number of temporary workers already in the program. AARP considers either alternative to be unacceptable. We urge the committee to work for this small increase which can do so much for low income older Americans who now participate in title V or want to in the future.

In conclusion, the SCSEP demonstrated its value and worth over the years, it has been especially valuable for the rural elderly who, without this program, would have little, if any, access to a multitude of services which are only made possible by title V participants, services like meal programs and elderly transportation services as well as employment.

Problemwise, I would like to add that areas that I help to serve in Greenville and Spartanburg Counties that bus transporation in those areas runs Monday through Friday until 6 o'clock, which means the last pickup is normally at 5:15 in our county. There is no weekend service. That makes employment from my viewpoint very difficult. Basically, getting someone to work is a problem with auto insurance and car ownership being expensive for low-income workers. This problem puts older workers back into the tax base, and it also then helps community nonprofit organizations who participate in the program.

Mr. SYNAR. Thank you both very much. We appreciate your testimony.

Butler and I were sitting up here and said that there is a way to get rich in this country that nobody has ever figured out, and that is to start a business and have your total work force elderly people. You would probably get a better work product, higher productivity, less absenteeism than you do with any other group of workers, and you would probably have a more grateful group of people, and he said, "Let us just find the business, we have got the workers."

Let me ask you, one of the problems we have in Oklahoma with the employment of our elderly is the recruiting of workers. Have you all encountered any special problems that you would like to share with us for the record of recruiting workers? Have you had any problems recruiting people? Is there a long waiting list? Tell us about that, would you?

Ms. COLEMAN. Well, we have no problem recruiting people. We do have a long waiting list, and I have heard from many people who have heard about the program saying, "We understand that the program is in our area, can I get a job with you?" And we refer that to our area supervisor who is always taking applications. But I understand in some areas there might be, but in our areas there are not that I know of.

Mrs. DOYLE. We have been established in the counties that I am in for over 7 months now, and in the 7 months we have hired approximately 90 people and helped place 22 in full-time and part-time employment off the program. We have a substantial waiting list.

Mr. SYNAR. Is there any legislative thing that we can do to help solve that problem?

Mrs. DOYLE. Help solve the problem?

Mr. SYNAR. The problem of having too many people.

Mrs. DOYLE. Just increase funding, I think.

Ms. COLEMAN. I want to add, too, that one of the reasons we do not have any problem finding the work people is the coordination the national contractors have with the States, too. A lot of, like with Harry Bryan or AARP, if we are in their particular area, they have people on a waiting list, and they transfer that list to us, and we try to solve that, you know, we pick up those people. So we share. We have very good coordination.

Mr. SYNAR. Thank you both very much.

Mr. DERRICK. Let me ask you, do you feel that you are reaching out to all parts of the State, those areas where there is particularly high unemployment or a high concentration of the elderly?

Ms. COLEMAN. Yes, I do. You know, we deal particularly with the rural elderly, and one of our concerns is the fact that we do not have the access of large cities for unsubsidized employment, so therefore we have more people maintained on our program. But as far as the news getting around to the rural areas, yes, we have access to it. We can nowhere near serve the number of people, but they do know about us.

Mrs. DOYLE. I would think in the 7 months we have been here, probably the primary reason we located where we did was because of the increased population from surveys and studies of rural elderly as well as elderly in Greenville and Spartanburg Counties that were on the exteriors that we serve. From those studies, the Greenville-upstate area, as a matter of fact, the Piedmont area had low income and one of the highest numbers of elderly.

Mr. DERRICK. Let me ask you this. What sort of employment are you providing other than under the Older Americans Act?

Mrs. DOYLE. As far as off the program employment? Several host, what we call host agencies, nonprofit agencies, have taken the people or absorbed the people who were assigned there. The other ones are private industry, private business, small businesses.

Mr. DERRICK. Could you give me an example of some of the private sector employment you are able to arrange?

Mrs. DOYLE. OK. We have some at bakeries. We have some at the YWCA, some have been taken by S&S Cafeterias, some have been taken by local merchants.

Mr. DERRICK. S&S Cafeterias must do that throughout the Nation, because I know they have one in Washington, and most of the people, at least in the serving lines, appear to me to be older citizens.

Ms. **Coleman**. Most of ours go into the private enterprise through some of the, like Church's, Walmart, some of the fast food chains, stores, and things like that. We also offer a demonstration project where we train the people in like nurses' aides, and we are going to be offering things in computer programming. We have made arrangements with the hospitals and the nursing homes to pick up the nurses' aides, and also with businesses that are going to be using computers to pick up the people who are training in computer programming.

Mr. **Derrick**. Fine. Thank you both very much for your testimony.

The next two witnesses, our final witnesses, I might add, are Ms. Mary Heriot, South Carolina Commission on Aging, and Dr. Gerald L. Euster, College of Social Work, University of South Carolina. If you would come forward, please.

Well, we have not been able to find them. Harry, have they arrived?

Ms. **Bryan**. I have not seen them, but they are on their way. They were leaving Columbia a little after 8 this morning.

Mr. **Derrick**. If they left at 8, they ought to be here.

OK. We would go ahead and open up the meeting now, and anyone who has anything to say, we would be glad to hear from you. If you would come up here and use this mike, we would appreciate it. If you would keep your remarks down to 1 or 2 minutes, it would be helpful.

It is very hard to cut anyone off, and I really do not want to. If you would identify yourself and if you are a representative of a group, for the record, we would appreciate it.

STATEMENT OF JANE McQUEEN, DIRECTOR, MEALS ON WHEELS, SPARTANBURG, SC

Ms. **McQueen**. Thank you so much. I am Jane McQueen. I am director of a purely privately funded Meals on Wheels Program in Spartanburg. A couple of issues I would like to address.

First of all, our program is just 6 years old. We started back in 1977 serving 25 meals. We are currently serving almost 700 a day. In 1983 we raised $212,000. We are not a part of any private city or State or Federal funding, and we are not a part of the United Way. We generate all of our money through a capital fund drive and a various assortment of things, as you can well imagine. We have over 700 volunteers, and we are very proud of the program.

A couple of issues, though, I would like to address. One thing, I have the good fortune of not only serving as director of this privately funded program, but I am on the aging advisory board with the Appalachian Council of Governments here in Greenville. So I am cognizant of what goes on in that process and what the legislation and what the requirements are.

It would be very advantageous—I see my boss coming in right now serving as the aging director in the Appalachian area—we are very fortunate that she as director and as an individual takes the posture that privately funded programs will be protected in the Appalachian area. If we have an existing program that is functioning, that is meeting the needs, she requires that all sorts of agreements be worked out that people just do not go in and take over that, but there is no mandate in the act itself protecting us, and we strongly encourage that sort of language and that protection for us in the act.

Also because programs like ours, we have 60 routes, 21 of the routes are in the urban area, others are in rural areas, and it is not easy getting volunteers in the rural areas, but it can be done if you are willing to stick at it 12 months a year.

I am in the process of helping Cherokee County start a Meals on Wheels Program. They have already hired a director. They have got $12,000 already, a church kitchen—we function out of a church kitchen. They are a rural county, as I am sure you are well aware of.

If the flexibility was built into the act to be able to reallocate within different areas like the Appalachian area to vans, for instance, for transportation, Meals on Wheels moneys can be put elsewhere where they could be better utilized if there is that flexibility. And I understand accountability and the importance of it, and I am all for that, but if somehow there would be that flexibility that those moneys from each area could be put to better use and were available to help the way we can with private training. Thank you.

Mr. **Derrick**. Let me just make a comment before you go. I thank you very much for your efforts in the private sector, and we have a very successful program here in Anderson, as you know, that has done a wonderful job. I do not want to leave the impression that we are here trying to press any Federal dollars on people unnecessarily. We need the Federal dollars running the other way. We have got deficit problems up there and a whole host of problems with the money that is going to have to be cut back.

It would be nice, and maybe all the programs could be run as private, but one of the things that we would like to determine here is where there is a need for Federal dollars. But I think even more than that, and I appreciate your testimony very much, is the protection need in the Older Americans Act. We certainly want to do everything within our power to encourage the private sector and to encourage these programs. I thank you very much for your testimony.

Ms. **McQueen**. We understood that was the original intent. Thank you.

STATEMENT OF LEILA McMILLAN, EXECUTIVE DIRECTOR, McCORMICK COUNTY COUNCIL ON AGING, McCORMICK, SC

Ms. **McMillan**. I am Leila McMillan. I am executive director of the McCormick County Council on Aging, which is also a single-county area agency in South Carolina, and I would just like to say that what is best and works well for one may not always work well for the other.

In my position I am in a very rural county, a very poor county, but I would put the people of McCormick County, not just the elderly but of all ages, I would put them up against any of the volunteer groups in Anderson or any of your larger cities. And I think if there was a way of getting statistics that probably in the small rural county the average person volunteers more and for more different things than the ones that they have been speaking of. We have volunteer emergency medical services——

Mr. DERRICK. If I could interrupt you, I remember, I am from Edgefield, as you know, which is a town of about 2,500 people, and I had people over in Columbia and Charleston and around the State used to ask me, say, "What do you do over there in that small town?" I mean, you know, what people do not understand about small towns is there is the same amount of work to be done, but there are just less people to do it.

Ms. MCMILLAN. You said everything I wanted to say.

But we do, we have emergency medical services that are completely volunteer, they are staffed by volunteers. We do have to have Federal dollars to get equipment and things like this. We have seven fire departments. They are all manned voluntarily. With the water and sewage system, it is manned voluntarily.

In our council on aging, we could not operate without the volunteers serving the meals, taking them, keeping the books, rolls, and everything. I could be here all day telling you what I see as volunteer.

Without the Green Thumb and the volunteers, the McCormick County Council on Aging could not operate on a daily basis. So we do use and utilize volunteers, but we do have to have Federal funds to help us to get this. For instance, the meals, the cost of the meals alone, there would be no way McCormick County could raise the money just for the meals. We only have a couple of industries there and, again, every volunteer unit, every unit, everything that is going on is trying to tap those two industries. And the few businesses that we have, you know, everybody is trying to tap them for donations, and they do give, they give very generously. And I would say that on that basis, I would compare them to anybody as being the best contributors.

Mr. Bryan I think could testify as to what the volunteers and what the local city and county governments have done for our agency alone. As a matter of fact, when I first started my husband said he thought he was paying the council on aging to let me work for them, it took so much of his time and mine.

There it is, just what is good for one is not always workable for another. And on that same basis I would also like to state my feelings on AAA. What is good for one is not necessarily the best for the other. As Mr. Buell spoke about, when we—I have been with the agency for 12 years—we first were without an AAA and worked directly with the State, when I was with the AAA, it worked well, back under the State, and now AAA myself, and it has, the last time we had the AAA I would just like to say that it did give us the benefit of opening our meal site 5 days a week instead of 4. So it did mean more services to the people. And I think that is what we are all here for.

Mr. DERRICK. Thank you very much for your testimony.

I think that Dr. Euster and Mary Heriot are here. If you both would come forward, we will hear your testimony. Harry Bryan said you folks left Columbia at 8 o'clock. What you been doing in between?

Ms. **Heriot**. It is a long ride.

Mr. **Derrick**. Ms. Heriot, we will start with your testimony, or either one.

Go ahead, Dr. Euster.

Dr. **Euster**. Good afternoon, Congressman Derrick.

Mr. **Derrick**. We are operating against a 5-minute rule, so if you could keep it within 5 minutes, we would appreciate it.

STATEMENT OF GERALD L. EUSTER, COLLEGE OF SOCIAL WORK, UNIVERSITY OF SOUTH CAROLINA, COLUMBIA, SC

Dr. **Euster**. I am a professor. I have never been able to talk for 5 minutes, but I will try.

I am Gerald Euster, professor of social work, University of South Carolina. The kind invitation this committee has issued to me is greatly appreciated. I am very happy to provide testimony pertaining to reauthorization of the Older Americans Act. My comments will relate primarily to title IV of the act—education, training and research.

I have worked as a professional social worker with elderly clients as a member of the Menninger Clinic staff in Topeka, KS, at Magee Rehabilitation Center in Philadelphia, and at Philadelphia State hospital. Currently I am completing my 15th year of university teaching. I have served on the faculties of the University of Illinois and the University of South Carolina.

In my present position I participate as a continuing member of the university's Academic Committee on Gerontology, and at the same time teach multidisciplinary courses on policy, programs and services for the elderly. I teach in the areas of social and economic aspects of aging, as well as programs and services for the elderly.

I have published numerous articles, book chapters, monographs, in the area of services to the elderly and pertaining to humanization of nursing home environments.

Through my professional practice I have observed the best and worst forms of elderly care. In the Commonwealth of Pennsylvania I assisted in the deinstitutionalization of thousands of elderly patients confined needlessly to State hospitals. Through my writing and teaching I have consistently tried to modify the attitudes of those who are in positions to do what is correct for the elderly in our society, and to do it well.

The need for well educated, trained personnel and volunteers is particularly critical if the service delivery system and aging network agencies that we have created are to maintain or improve the independence and dignity of our elderly citizens. It is clear that programs now in place will be only as effective as the quality of those persons who are entrusted with their implementation and refinement in response to changing needs and circumstances of elderly citizens.

I greatly fear that drastic costs containment measures in health, long-term care and other human service programs will lead to eventual decline in personnel standards and expectations. We must strengthen our efforts to retain skilled professional staff who must acquire appropriate educational preparation and skills to serve the elderly, at the same time broadening our efforts to provide relevant gerontology education to those persons electing future careers in this field.

I am here to ask for your continuing efforts pertaining to training and education for people who will continue to move into the field of gerontology with professional training and support, and they certainly need support.

I concur with the statement made by Paul Shepherd who recently testified in Washington to the House Select Committee on Aging on February 21. Mr. Shepherd clearly articulated that long-term goals need to be established for education and training programs to ensure adequate personnel in future years to work with older adults, and I am stressing the role as did he, The role of academic institutions must be strengthened as national resources for gerontological education, training, and research.

I stress the importance of the use of title IV to provide training and educational efforts that include both short-term in-service training and continuing education for personnel already in the field. We must continue to strengthen long-term educational programs to prepare people to work in the field.

I strongly recommend that under title IV all efforts be made to either restore or retain funding for investigator-initiated and directed research from the Administration on Aging, to support demonstration projects, special projects in long-term care, and for multidisciplinary centers for gerontology.

Mr. **Derrick**. We will include your entire statement in the record. I hate to cut you off, but we have all had to live by the 5-minute rule, and so I suppose we should continue.

[The prepared statement of Dr. Euster follows, along with his paper on "Volunteerism with the Elderly":]

Prepared Statement of Gerald L. Euster

Good afternoon, Congressmen Derrick and and Synar and distinguished committee members and staff. I am Gerald L. Euster, Professor, University of South Carolina, College of Social Work, Columbia campus. The kind invitation of the Subcommittee on Human Services, House Select Committee on Aging, to provide testimony at this hearing pertaining to reauthorization of the Older Americans Act, is greatly appreciated. My comments will relate primarily to Title IV of the Act, Education, Training and Research.

I have worked as a professional social worker with elderly clients as a member of the Menninger Clinic staff, Topeka, Kansas, at Magee Rehabilitation Center in Philadelphia, and at Philadelphia State Hospital. Currently I am completing my fifteenth year of university teaching, serving on the faculties of the University of Illinois and the University of South Carolina. In my present position I participate as a continuing member of the University's Academic Committee on Gerontology, at the same time teaching multidisciplinary courses on policy, programs and services for the elderly and the social and economic aspects of aging. I have had numerous articles published on services to the elderly, humanization of nursing home environments, and various forms of social intervention that may contribute to the well being of elders in their homes and communities. Through my professional practice, I have observed the best and worst forms of elderly care. In the Commonwealth of Pennsylvania, I assisted in the deinstitutionalization of thousands of elderly patients confined needlessly to state mental hospitals. Through my writing and teaching I have consistently tried to modify the attitudes of those who are in positions to do what is correct for the elderly in our society and to do it well. I am confident that many of my students have had enormous impacts upon service delivery systems where they have been employed as practitioners with the elderly throughout the nation.

The need for well educated and trained personnel and volunteers is particularly critical if the service delivery system and aging network agencies that we have created are to maintain or improve the independence and dignity of our elderly citizens. It is clear that programs now in place will be only as effective as the quality of those persons who are entrusted with their implementation and refinement in response to changing needs and circumstances. I greatly fear that drastic cost containment measures in health, long term care, and other human service programs will lead to eventual decline in personnel standards and expectations. We must strengthen our efforts to retain skilled professional staff who acquire appropriate educational preparation and skills to serve the elderly, at the same time broadening our efforts to provide relevant gerontology education to those persons electing future careers in this field. I concur with a statement made by Paul Shepherd, representing the Association for Gerontology in Higher Education, in his testimony to the House Select Committee on Aging (February 21, 1984). Mr. Shepherd clearly articulated that "long term goals need to be established for education and training programs to insure adequate personnel in future years to work with older adults . . . . the role of academic institutions as national resources for gerontological education, training, and research should be recognized and supported." Any statements clarifying the purpose of Title IV should stress that training and educational efforts include both short term in-service training and continuing education for personnel already in the field and long term educational programs to prepare people to work in the field.

In addition, I strongly recommend that under Title IV all efforts be made to either restore or retain funding for "investigator-initiated" and "directed" research from the Administration on Aging, demonstration projects, special projects in long term care, and for Multidisciplinary Centers of Gerontology. It is well known that gerontology will not develop as a special field, solely on its own. Funding from the private sector, local communities, and institutions of higher education is lacking and will not be available. Even as the University of South Carolina, Clemson University, and the Medical University join with other state colleges to create such a cooperative Gerontology Center, it is clear that some federal support will be required down the road to further this vital concept. It is important to note that the well established Gerontology Centers throughout the nation have been supported to a large extent through federal grants and project funding. Indeed, states desiring to establish new Centers deserve equal consideration through special "seed" funding grants. Restoration of financial support to more realistic levels must be considered a priority if states like South Carolina are to "catch up" in the areas of education, training, and research.

In the final portion of this testimony I would like to describe and briefly evaluate the impact of a Gerontology Career Preparation Grant awarded to the College of Social Work by the Administration on Aging (Training for Volunteerism with the Elderly, Grant No. 04-000145/01). This education and training grant was authorized under Title IV of the Older Americans Act as amended. The initial project period was from October 1, 1982-February 28, 1984. An extension was awarded through April 1984, without additional funding. I have served as Project Director since October 1982.

This Gerontology Career Preparation Project was formulated to prepare social work graduate students, students in related helping disciplines, and persons employed in aging network agencies for increased leadership roles and responsibilities in the American volunteer movement with our rapidly growing elderly population. More specifically, this project sought to achieve the following objectives:

1. Development and testing of a new graduate level course, Volunteerism with the Elderly, the first course of its kind to be offered in the University of South Carolina system.
2. Development of special field learning experiences in volunteerism for graduate social work students in both concurrent and block placements in aging network agencies.
3. Development of workshops, short courses and consultations on volunteerism for personnel in the state's aging agency network.

All three objectives have been achieved since the project began in October, 1982. The faculty of the College of Social Work voted to incorporate the new elective course as part of its gerontology studies curriculum after it was "piloted" in the spring of 1983. The University's Graduate Council subsequently approved the course in October, 1983 and it will be listed in future University catalogs.

Five students have received field work training in aging network agencies where they have assisted in the development of new volunteer programs, as well as served in various volunteer recruitment, training, and management roles. Four trainees graduated during the Spring and Summer of 1983, while the fifth will complete studies in the Spring semester 1984. Two graduates are serving the elderly as employees of new community Long Term Care Programs in South Carolina. One graduate is working with elderly clients in a state Alcohol and Drug Treatment Center. Another is employed by a Family Service Center as a Services for Seniors Counselor.

All graduates have indicated that interdisciplinary gerontology studies and training have enhanced their employability in the field. Three are currently utilizing volunteers to supplement services to elderly clients in their respective community agencies. Volunteers have been mobilized to serve as caregivers for homebound, elderly, transportation escorts, Senior Companions, and in hospice care. Thus far, graduates have demonstrated a consistent commitment to careers in which they may provide direct services to elderly clients and participate in strengthening community service systems.

One of the most valuable outcomes of the educational program has been the "product" produced by each student. Students enrolled in the initial volunteerism course section (representing the disciplines of social work, nursing, sociology, recreation therapy, and administration) have designed innovative programs that will remain in place long after they have departed from the university setting. Among the programs developed in various South Carolina communities were those to:

assist Presbyterian Home residents ("slow-gos and "no-gos") through a network of community volunteers

coordinate volunteers to serve the frail and homebound elderly through churches

assist elderly residents of a Methodist Home through an adopt-a-grandparent volunteer structure

assist homebound elderly through a home maintenance program

assist elderly nursing home residents serve as a corps of volunteers within the home and within the general community

utilize elderly volunteers in detecting and dealing with alcohol related problems among the elderly

orient and train volunteers providing home delivered meals

utilize volunteers to conduct reality orientation classes with confused elderly psychiatric patients

assist community groups in establishing local ombudsman programs for long term care settings

assist nutrition site personnel in developing a creative arts program utilizing a local artist's guild

create and maintain a county community food bank

create a corps of volunteers to feed and socialize with dependent elderly patients in a state mental hospital

The additional objective of moving training activities beyond the University classrooms has served as a response to continuing AoA national priority needs. State and area agency staff have received training that will enable them to better prepare older Americans for participation in educational, self-help, intergenerational, and volunteer activities. The Project Director, a member of the social work faculty, has provided short courses and workshops on volunteerism through the South Carolina Aging Network Conference and the Summer School of Gerontology, both sponsored by the South Carolina Commission on Aging. The University, Commission on Aging, and community agency partnership has been enhanced through an increasing number of consultation, research, training, and committee activities that have evolved from the Career Preparation Program.

Time will not permit further details of this curriculum and training innovation. I am firmly convinced that federal dollars were well spent to serve the real beneficiaries, the elderly citizens of our nation. Dissemination of the project's course materials beyond South Carolina has taken place on a continuing basis and we can anticipate the development of similar curriculum additions in other professional schools throughout the country. I have enclosed for the hearing record copies of a recent paper that was presented to the Association of Gernontology in Higher Education in Indianapolis, Indiana, which provides a more detailed description and analysis of this Title IV program.

Let me conclude by stating that I am in support of reauthorization of the Older Americans Act and recommend continuation and strengthening of Title IV. I would be pleased to assist your committees in what ever way you feel would be helpful in the months ahead. Thank you for allowing me the opportunity to be involved in this important hearing.

VOLUNTEERISM WITH THE ELDERLY: AN INNOVATIVE INTERDISCIPLINARY COURSE IN GRADUATE EDUCATION—GERALD L. EUSTER, D.S.W.

1984 is a particularly critical year for state and area agency on aging personnel who seek to advance programs and services for our nation's elderly. Many human service professionals continue to reflect that our social programs are gripped in an "era of retrenchment" and that insufficient numbers of politicians and other citizens have stepped forward to state that human services are wanted. At the same time, numerous self-proclaimed futurists have been willing to step forward to reinforce these beliefs as "doom and gloom" keynoters and plenary session speakers at regional and national conferences. Indeed, visions of a more generous public policy toward the elderly in America remain blurred as we approach the uncertainties of either political predictability or transition.

Whether we foster conservative or more liberal attitudes toward "people programming" it has become increasingly clear that needs for quality programs for the elderly continue to mount at a time when public funding remains uncertain. Public and voluntary agencies must again consider program priorities, carefully avoiding decisions that may weaken or eliminate finely constructed activities that have evolved over many years to enhance the lives of elders. Gerontologists, too, will have to face the same professional-nonprofessional personnel dilemmas addressed by the mental health field during the past two decades and respond in creative ways to maintain quality programs that work for the elderly (Grosser, Henry and Kelly 1969; Sobey 1970; Anthony and Carkhuff 1977; Austin 1978).

In some ways, the field of aging has had a remarkable head start in the utilization of nonprofessionals and volunteers in community agencies. A modest, but growing body of literature has emerged in recent years articulating the potential contributions of volunteers (including the elderly themselves) in serving various types of elderly clients (Seguin 1983; Tracy 1981; Harel and Lindenberg 1981). The literature clearly suggests that volunteers may be extremely effective in providing aging services and should not be looked down upon as mere tools of retrenchment. It seems imperative that planners and practitioners become adequately prepared to strengthen service delivery through the teaming of professionals and volunteers in our aging network agencies.

Social work's historic mission of conceptualizing and managing volunteer programs and services once again must be addressed by professional schools. These schools bear even greater responsibility during this decade for creating new courses in volunteerism for students engaged in interdisciplinary gerontology studies, as well as for professionals and nonprofessionals electing continuing education options.

The purpose of this paper is to describe the development, piloting, and early impact of an innovative graduate level course, Volunteerism with the Elderly. Students from social work, nursing, recreation therapy, and sociology, along with candidates for certificates of advanced study in gerontology, composed the first class group during the 1983 spring semester at the University of South Carolina. The curriculum innovation and development were made possible by a Gerontology Career Preparation Program grant from the United States Administration on Aging to the University of South Carolina, College of Social Work.

Volunteerism in America

The call to "volunteerism" is not a new one in the United States (Johnson 1967; Sieder and Kirshbaum 1977; Wolozin 1975; Edwards and Watts 1983). In more recent years there is evidence that financially hard-pressed governments have worked hard at experimental utilization of volunteers, despite arguments that women and some elderly have been exploited in the process (Whitcomb and Miskiewicz 1982). Volunteer service has become a tradition, simultaneously spanning the fields of health and mental health, welfare, education, corrections, rehabilitation, and aging, among others. Thousands of dedicated citizens proudly provide ongoing services in agencies, organizations, programs, schools, and a multitude of community settings. Various community membership, self-help, social action, and advocacy groups provide a backdrop for persons of all ages seeking creative utilization of increased leisure time. Elderly citizens, themselves, after productive work careers, often choose volunteer roles to ameliorate discontinuity caused by retirement or death of a spouse and to reconstruct healthy social-interactional patterns.

The Judeo-Christian ethic has served to mobilize persons of all ages toward energetic, continuing improvement of our nation's vast network of voluntary and public agencies. Caring, service, and charity have become deeply ingrained in the American character irrespective of one's age, sex, religion, ethnicity, socioeconomic or educational status. George Romney, perhaps, has best projected the future of volunterrism in America.

In every community and every state across the country we need a program for voluntary action by the people, not just government action for the people—many problems can be tackled right at home, human and social problems like education, mental illness, traffic safety, urban decay, crime, delinquency, and family deterioration, through the organization of voluntary effort. Nothing can melt such human and social problems faster than the willingness of one individual to involve himself voluntarily in helping another individual overcome his problems (Wilson 1976).

In order to maintain the dramatic influx of citizen volunteers who will be required to reach out to our aging population in future years, human service organizations must have a more orderly, knowledge based mechanism for recruitment, training, deployment, and management of such resources. Substantive staff and volunteer training programs will be required to ensure that the maximum contributions of aging agencies are realized and personnel who may be under-utilized, undervalued, and poorly managed are fully woven into the existing fabric of service. As Wilson (1976) has enthusiastically pointed out, "somehow we as a nation need to rekindle the creative energies of volunteers to not just help carry out the services of existing agencies, but to be the pacesetters once again in helping find new solutions to old problems."

The Career Preparation Program

This Gerontology Career Preparation Project was formulated to prepare social work graduate students, students in related helping disciplines, and persons employed in aging network agencies for increased leadership roles and responsibilities in the American volunteer movement with our rapidly growing elderly population. More specifically, this project sought to achieve the following objectives:

1. Development and testing of a new graduate level course, Volunteerism with the Elderly, the first course of its kind to be offered in the University of South Carolina system.
2. Development of special field learning experiences in volunteerism for graduate social work students in both concurrent and block placements in aging network agencies.
3. Development of workshops, short courses and consultations on volunteerism for personnel in the state's aging agency network.

All three objectives have been achieved since the project began in October, 1982. The faculty of the College of Social Work voted to incoporate the new elective course as part of its gerontology studies curriculum after it was "piloted" in the spring of 1983. The University's Graduate Council subsequently approved the course in October, 1983 and it will be listed in future University catalogs.

Five students have received field work training in aging network agencies where they have assisted in the development of new volunteer programs, as well as served in various volunteer recruitment, training, and management roles. The project director, a member of the social work faculty, has provided short courses and workshops on volunteerism through the South Carolina Aging Network Conference and the Summer School of Gerontology, both sponsored by the South Carolina Commission on Aging. The University, Commission on Aging and community agency partnership has been enhanced through an increasing number of consultation, research, training, and committee activities that have evolved from the Career Preparation Program.

The additional objective of moving training activities beyond the University classrooms has served as a response to continuing AoA national priority needs. State and area agency staff have received training that will enable them to better prepare older Americans for participation in educational, self-help, intergenerational, and volunteer activities. Those personnel who have participated in workshops and short courses have been trained to mobilize volunteer services for the elderly in congregate housing and nutrition sites, and to aid in development of volunteer home repair, safety and security projects.

The Volunteerism Course

From the project's inception it was determined that the new course, Volunteerism with the Elderly, would be constructed for social work students electing studies in gerontology as well as students from other human service disciplines seeking advanced certificate programs in gerontology. It was recognized that volunteerism, an activity performed primarily by nonprofessionals to strengthen our service delivery systems, was noticeably understressed in the curricula of professional schools, where the primary mission has been viewed as preparation of students for "professional" roles as clinicians, direct service providers, community and social planners, and social agency administrators. Indeed, volunteerism intersects all of these professional roles and contributes to the effectiveness of most human service programs and endeavors. A clear paucity of training materials and course designs to help educators, trainers, and professional volunteer coordinators in strengthening volunteerism with and for the elderly provided further impetus for this course development.

The purpose of this course is to provide gerontology students with basic knowledge and understanding of the vital contributions made by volunteers serving the elderly. Since volunteers may substantially strengthen service delivery, students require more adequate preparation for effectively blending their unique skills and initiatives within developing agencies and organizations serving elderly populations. The course stresses leadership and management roles of professional staff utilizing volunteers as members of service teams. Among the subject areas included are: the voluntary-volunteer movement in the United States; trends in volunteer services; motivational dynamics of volunteers; program development; orientation and training issues; supervision and management of volunteers; and enhancing professional-nonprofessional collaboration. The course outline is shown in Figure 1.

Figure 1—Course Outline: Volunteerism with the Elderly

Unit I. The Voluntary Movement in the United States
A. Historical Overview
B. Volunteerism and Democracy
C. Social and Political Factors: Impact on Volunteerism in the Human Services
Unit II. Motivational Dynamics of Volunteers
Unit III. Trends in Voluntary Systems and Services for the Elderly
A. Overview
B. Students (Youth) as Volunteers
C. The Elderly as Volunteers
D. Churches/Synagogues as Providers
E. Industry/Corporate Involvement
F. Ombudsman/Advocacy Volunteers
Unit IV. Volunteer Program Development
A. Designing Programs: Considerations in Planning
B. Recruitment; Orientation; Training and Supervision
C. Management of Volunteers
D. Research and Evaluation of Volunteer Programs
Unit V. Innovative and Exemplary Volunteer Programs and Services: A National Perspective

The course content establishes three primary focal areas for volunteerism initiatives with and in behalf of elderly persons. Professional personnel have considerable responsibility to serve as catalysts, brokers, and as program leaders in relation to:

1. Voluntary Action. This area of "volunteerism" encompasses self-sufficiency activities (self-help/mutual aid), community contributive roles such as civic leadership, and more traditional personal care services offered through churches, synagogues, and aging agencies. Volunteers (including the elderly) may provide goods, services, serve as members of community boards and councils, and in numerous ways contribute to the functioning of service networks.

2. Education. Both the low educational levels and the rising educational aspirations of many elders pose challenges and opportunities for the formal/informal educational systems and for staff of the aging network. Aging network leadership can be instrumental in facilitating the participation of older persons in traditional educational systems and in other forms of lifelong learning (Euster 1982). Volunteers may be particularly helpful to elders who seek new uses of time for learning and who may be restricted by obstacles such as income, physical health, or transportation.

3. Cultural, Leisure and Life--Span Development. Retirement and unstructured leisure time during the last phase of the life-cycle pose numerous threats as well as opportunities for many elders. Retirement for many can become a point of transition, a new beginning, which leads to community involvements and new role orientations. There are numerous ways in which aging network personnel can mobilize opportunities for elders in both individual and collective service roles for cultural and educational settings. The potential for intergenerational programming in communities is an area of continuing interest to those associated with aging populations. Intergenerational linkages beyond one's family may provide satisfying opportunities for many elders to reach out to youth requiring mature role models.

Methods of instruction include lectures, seminar discussions, guest speakers, films and videotapes of volunteer programs. Readings are assigned from an extensive multidisciplinary bibliography accompanying the course outline. Grades are based upon an in-class mid-term examination and a final project paper. In this paper, students are expected to conceptualize and design an innovative volunteer activity that would assist his/her agency, organization, or institution in its service to the elderly. The project paper is structured so each student must consider program objectives, the special needs of a targeted elderly population, specific plans for carrying out the volunteer program, and the level of effort required. Students are asked to detail how the volunteer activity would build upon the ongoing work of the aging agency or organization. The paper has been well received since all advanced certificate students are employed in positions where they may actually implement their projects. Full-time students have found the project paper useful as a way of considering their collaborative roles with volunteers in future employment. Some students and their practice supervisors have been motivated to strengthen volunteer programming already utilized in their practice setting. Among the programs designed in several communities were those to:

assist Presbyterian Home residents ("slow-gos and "no-gos") through a network of community volunteers

coordinate volunteers to serve the frail and homebound elderly through churches

assist elderly residents of a Methodist Home through an adopt-a-grandparent volunteer structure

assist homebound elderly through a home maintenance program

assist elderly nursing home residents serve as a corps of volunteers within the home and within the general community

utilize elderly volunteers in detecting and dealing with alcohol related problems among the elderly

orient and train volunteers providing home delivered meals

utilize volunteers to conduct reality orientation classes with confused elderly psychiatric patients

assist community groups in establishing local ombudsman programs for long term care settings

assist nutrition site personnel in developing a creative arts program utilizing a local artist's guild

create and maintain a county community food bank

create a corps of volunteers to feed and socialize with dependent elderly patients in a state mental hospital

Subsequent to the initial Career Preparation grant from the Administration on Aging, the agency provided a supplemental award to the Project Director to train aging agency personnel throughout the Southeastern region in the area of "intergenerational programming." The interest of the AoA in this aspect of volunteerism has influenced the author to strengthen course content on this subject in future years. It has become apparent that gerontological practitioners from many disciplines may substantially strengthen service delivery to elderly citizens through deliberate consideration of intergenerational project initiatives. A growing body of literature supports this future direction for practice in gerontology (Brahce 1980; Tice 1982). The Field Learning Component.

All five M.S.W. students selected for Gerontology Career Preparation traineeships completed specially designed field practica in aging agencies. Students were advised to enroll in additional interdisciplinary courses in gerontology either prior to or during their second year of graduate studies. The Volunteerism with the Elderly course was taken concurrently with the field practicum.

Three students were assigned to the South Carolina Commission on Aging, while two students were placed in the Aiken, South Carolina, County Council on Aging. Experienced field instructors worked closely with faculty field liaisons to plan creative experiences for students in volunteerism. Faculty carefully monitored the progress of all students through agency visits and frequent telephone contacts. Continuing communication between field instructors, faculty liaisons, and the volunteerism course instructor served to maximize classroom-field integration.

The enthusiasm of staff in both agencies to participate in the Career Preparation Program contributed greatly to the quality of learning experiences generated for all students. Students interacted freely with the Director of the South Carolina Commission on Aging, area agency on aging staff, and personnel associated with numerous state and local agencies concerned with the problems and needs of the elderly.

Students placed with the South Carolina Commission on Aging participated in various meetings of state planners, observed public hearings dealing with concerns of elderly citizens, and spent time with staff and volunteers of the state's nursing home ombudsman program. They assisted the Commission's training director in planning an annual Aging Network Conference and the annual Summer School of Gerontology, participated in preparing the State's Title IV-A Plan, helped write a grant proposal, and in developing statewide training contracts. They observed volunteer programs and learned about "lifeline" assistane for homebound elderly, a program supported by community voluntary efforts.

A different blend of learning experiences were provided to students placed in the Aiken County Council on Aging. Students carried out ongoing casework services to elderly clients and families, assisted in selecting clients for the home-delivered meal program, and participated in aspects of the actual delivery process. Students facilitated and taught a senior citizen humanities course, The Remembered Past: 1914–45, at a congregate housing setting. A community volunteer was trained to carry on this activity in future years.

One student mobilized local artist guild members as volunteers to provide an arts program for elders in a nutrition site. Students gained valuable experience in managing a companion-sitter registry program. They prepared a volunteer orientation plan for the agency and participated in the agency's annual volunteer recognition program. Students attended Senior Citizen's Day with the state legislature and other activities for elderly citizens within the community. As a result of student initiatives the agency developed a broadened perspective on the potential contributions of volunteers to its overall service mission.

Evaluation of the Curriculum Innovation

The initial seventeen month Gerontology Career Preparation Program terminated on February 29, 1984. Four trainees graduated during the Spring and Summer of 1983, while the fifth will complete studies in the Spring semester 1984. Two graduates are serving the elderly as employees of new community Long Term Care Programs in South Carolina. One graduate is working with elderly clients in a state Alcohol and Drug Treatment Center. Another is employed by a Family Service Center as a Services for Seniors Counselor.

All graduates have indicated that interdisciplinary gerontology studies and training have enhanced their employability in the field. Three are currently utilizing volunteers to supplement services to elderly clients in their respective community agencies. Volunteers have been mobilized to serve as caregivers for homebound elderly, transportation escorts, Senior Companions, and in hospice care. Thus far, graduates have demonstrated a consistent commitment to careers in which they may provide direct services to elderly clients and participate in strengthening community service systems.

The development and piloting of the new course, Volunteerism with the Elderly has been completed. The graduate level course was highly evaluated by students and will be offered in future years. The course will make a valuable contribution to the University's interdisciplinary gerontology offerings and will be particularly appealing to students from various fields who will complete studies leading to a Certificate of Graduate Study in Gerontology. The majority of Graduate Certificate students who completed the volunteerism currently engaged in activities which include planning, administration, staff training, and provision of direct services impacting on older citizens. They have indicated strong commitments to mobilize volunteerism structures in their respective agencies.

The Career Preparation Program has established significant linkages to numerous state and local agencies. Both the South Carolina Commission on Aging and the Aiken County Council on Aging will offer superior field learning opportunities to students in future years. Administration and staff have expressed a continuing willingness to work with field work faculty towards this objective. The Project Director has provided several training workshops and consultations on volunteerism to aging network staff and volunteers throughout the state. Two, 2½ day short courses on volunteerism with elderly clients were given at the 1983 South Carolina Summer School of Gernotology, sponsored by the Commission on Aging. A workshop was provided for local aging network personnel on "Communication and Interpersonal Skills with the Elderly."

Significant activity beyond the University classroom setting has greatly promoted volunteerism throughout South Carolina. Governor Richard W. Riley, by signing Executive Order 83–40, created the South Carolina Division of Volunteer Services on August 16, 1983. This timely action has served to add increased credibility to all volunteerism education and will substantially stimulate additional forms of citizen involvement bearing upon the state's elderly population.

Future Directions

Dissemination of the project's teaching materials beyond South Carolina has taken place on a continuing basis. Course materials have been shared and discussed with gerontology faculty at two national meetings sponsored by the Council on Social Work Education. In addition, the Career Preparation Program and training activities were discussed in a presentation to the Southeastern Aging Network Conference. An anticipated outcome of these activities is the development of similar curriculum innovations in other professional schools of social work, particularly where interdisciplinary studies in gerontology are encouraged within the total university. The Association for Gerontology in Higher Education (1981) indicates that approximately fifty American institutions of higher education have developed postbaccalaureate, interdisciplinary gerontology studies programs. It is likely that numerous additional programs will be created in future years as universities advance further in response to demographic trends.

The reemergence and steady growth of volunteerism in American communities appear to be inevitable, and hopefully, desirable outcomes of our changing public policy. Just as the Career Preparation Program and training activities described in this paper have served to mobilize volunteerism in South Carolina, so, too, will educational innovations in other states advance the contributions of volunteers serving elderly clients. Growing evidence of educational developments aimed at the professionalization of volunteer management personnel provides hope that more effective programs and services for elderly citizens may emerge in public and voluntary agencies.

Notes

1. This Career Preparation Program, *Training for Volunteerism with the Elderly*, was made possible by a grant from the United States Administration on Aging to the University of South Carolina, College of Social Work (Grant No.: 04-AG-000145/01).

2. This paper was originally presented at the Annual Meeting, Association for Gerontology in Higher Education, Indianapolis, Indiana, February 25, 1984.

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STATEMENT OF MARY HERIOT, DIRECTOR, DIVISION OF STATE SERVICES, SOUTH CAROLINA COMMISSION ON AGING, COLUMBIA, SC

Ms. **Heriot**. Congressmen, we are grateful to have this opportunity. I am Mary Heriot, director of the division of State services for the South Carolina Commission on Aging. Training, education, and manpower development are responsibilities within my division.

One of the most challenging problems that we have in the aging network is that of providing appropriate services for the frail elderly. The number of persons in South Carolina who are age 85 and over increased by 55 percent in the 10 years between the 1970 and the 1980 census, the number 75 and over rose by 52 percent, while the general population grew only by 20 percent.

Research clearly indicates that the older people become the more likely they are to suffer from multiple disabilities and to need assistance in daily living. Few of the over age 85 group can remain in their own homes without some sort of support from the community. We in the aging network must be able to provide home-delivered meals, homemaker, home health aide, transportation, shopping assistance, and other specialized services. This need is further compounded by the fact that we all have to work hard to contain medicaid and medicare costs. The aging network is now serving clients who only a few years ago would have been in nursing homes.

The aging network is totally dependent upon title V workers, part-time title III workers, volunteers, and other inexperienced workers. Many of these workers have never worked outside the home before. The vast majority of them are kind and compassionate and eager to do a good job for their clients, but it is unfair to them and unfair to their clients, and I pesonally think a little unethical to thrust them into these sensitive positions with no training.

With our title IV(a) funds, we are providing the 75-hour course recommended by the National Home Caring Council to our homemakers. We are providing courses in defensive driving, vehicle maintenance, and passenger assistance to our van drivers. All of our workers receive training in the psychological, sociological, and biological aspects of aging, as well as in first aid and other basic subjects.

Heretofore, the emphasis in title IV(a) training has been on providing more professionals in the network. This was a good emphasis when it was instituted about 9 years ago, but things have changed since that time. Now our colleges and universities are incorporating more and better training in aging in many disciplines, in nursing, in medicine, in psychology, sociology, social work, and even in organic chemistry and biology.

It is now time for us to concentrate on what we may call the blue-collar worker in aging. Only the State agency, using IV(a) funds, can provide this training. All of us inside and outside the network continually expect more and more from this level of worker. These workers, in essence, are our services. Case workers and other professionals do not give baths, clean kitchens, prepare food, drive vans, deliver meals, but these tasks must be done. Providing the basic training that these workers need should be the No. 1 goal of title IV(a) and, of course, supervisors should have some exposure to the training that their subordinates receive. How else can they properly supervise?

In my opinion, all research should be administered by the National Institute on Aging, thereby providing for better coordination and integretion of research projects. AOA should be totally out of the research business and the Older Americans Act should deal with services only. The Administration on Aging has spent millions of dollars on psychological and sociological research with none of the results filtering down to the service level.

One year I was a reader, the only person not from academia, for research proposals. I was appalled at what I read. For instance, several proposals indicated that they were going to draw their sample from medicare rolls. These rolls are confidential, but these proposals would fund it anyway. Another proposal was for additional funds for a project that had been approved the previous year. The reason given for needing more money was that the researcher was to have done interviewing in rural South Carolina and had been unable to do so because of impassable roads. That was in a year when that portion of the State did not even have one snow or ice storm. This additional funding was approved. I alerted the area agency on aging as to where these interviews were to take place, and she notified the proper county office to watch for the interviewers. One person from the applicant agency did indeed come into the State for a few hours, but did not do any interviews.

I realize that I am recommending a radical change, but aging has changed——

Mr. **Derrick**. I hate to do this, but we are going to have to ask you to let me include the balance of your statement in the record, and then it will be going directly to Washington. We thank you very much for your testimony.

[The prepared statement of Ms. Heriot follows:]

PREPARED STATEMENT OF MARY HERIOT

One of the most challenging problems that we have in the Aging Network is that of providing appropriate services to the frail elderly. The number of persons in South Carolina who are age 85 and over increased by 55% in the ten years between 1970 and 1980 census; the number 75 and over rose by 52% while the general population grew by only 20%. Research clearly establishes that the older people become, the more likely they are to suffer from multiple disabilities and to need assistance in daily living. Few of the over age 85 group can remain in their own homes without some support from the community. We, the Aging Network, must be able to provide home-delivered meals, homemaker, home health aide, transportation, shopping assistance, and other specialized services. This need is further compounded by the fact that we all have to work hard to contain Medicaid and Medicare costs. The Aging Network is now serving clients who only a few years ago would have been in nursing homes.

The Aging Network is totally dependent upon Title V workers, parttime Title III workers, volunteers, and other inexperienced persons to provide these services. Many of these workers have never worked outside the home before. The vast marjority of them are kind and compassionate and eager to do a good job for their clients. It is unfair to them and to their clients (and I think unethical) to thrust them into these sensitive positions with no training.

With our Title IV-A funds, we are providing the 75-hour course recommended by the National HomeCaring Council to our homemakers. We are providing courses in

Defensive Driving, Vehicle Maintenance, and Passenger Assistance to our van drivers. All of our workers receive training in the psychological, sociological, and biological aspects of aging, as well as in First Aid and other basic subjects.

Heretofore, the emphasis in IV-A training has been on providing more professionals in the network. This was a good emphasis when it was instituted about nine years ago. But things have changed since that time. Now our colleges and universities are incorporating more and better training in Aging in many disciplines—in nursing, medicine, psychology, sociology, social work, and even in organic chemistry and biology. It is now time to concentrate on what we may call "blue collar worker" in aging. Only the state Agency, using Title IV-A funds, can provide this training. All of us—inside and outside the Aging Network—continually expect more tha more from this level of worker. These workers, in essence, are our services. Case workers and other professionals do not give baths, clean kitchens, prepare food, drive vans or deliver meals, but these tasks must be done. Providing the basic training that these workers need should be the number ONE goal of Title IV-A. And, of course, supervisors should have some exposure to the training that their subordinates receive. How else can they properly supervise?

In my opinion, all research should be administered by the National Institute on Aging, thereby providing for better coordination and integration of research projects. AoA should be totally out of the research business and the Older Americans Act should deal with services only. The Administration on Aging has spent millions of dollars on psychological and sociological research with none of the results filtering down to the service level. One year I was a reader—the only person not from academia—for research proposals. I was appalled at what I read. For instance, several proposals indicated that the researcher was planning to draw his sample from the Medicare rolls. These are confidential! But these proposals were funded over my objections. Another proposal was for additional funds for a project that had been approved the previous year. The reason given for needing more money was that the researcher was to have done interviewing in rural South Carolina and had been unable to do so because of impassable roads. That was in a year when that portion of the State did not have even one snow or ice storm! This additional funding was approved. I alerted the Area Agency on Aging as to where these interviews were to take place and she notified the appropriate county office to watch for the interviewers. One person from the applicant agency did, indeed, come into the State for a few hours, but did no interviews. She breezed into the county office, asked a few questions, and left—never to return. This kind of waste is sickening when one sees the desperate need for services.

There seem to be indications that the Administration on Aging is attempting to phase out the training monies allocated to the states for State Education and Training Plans. For instance, the states received their guidelines for this year's application six months later than the usual date; all allocations were drastically cut, and the work required to prepare the application was nothing short of ludicrous. Dividing the money into Parts A and B with separate guidelines for each and making Part B competitive was most unsatisfactory—especially when there was not enough money in either part or in both parts combined to provide a good State Training program. Our State has only one professional person and one secretary in the training program. Preparing these complicated applications was a terrible drain on our manpower time. To date, we have heard by a telephone call from the Atlanta Regional Office that our Part A application had been approved, but we have not received an official Notice of Grant Award so that money cannot be spent. We have heard nothing concerning our Part B application. If we do not soon receive our Notice of Grant Award, the year will be so nearly over that we cannot provide all of the training before the expiration date and the money can then revert to the Federal Government.

If we lost our Title IV-A funding our training program would have to be eliminated because there is no way that our inadequate Planning and Administration allocation can be stretched any farther. Small states really suffer under the present system of allocating all funds on a formula basis.

There is really not good justification for allocating training funds on a population basis. We have to provide as much training for as many different categories of workers as do the larger states. The size of the class does not usually determine instructor costs.

I realize that I am recommending a radical departure from the presently stated purpose of Title IV-A. But our Aging programs have had to change focus in the last few years and this title should change also. We are now stretching all our Aging monies to the limits in order to provide some needed services to the great many old, frail, and sick persons who can no longer get into nursing homes. A more flexible and generous IV-A with a different purpose is necessary if we are to be able to provide the desperately needed services to this group of clients.

Mr. SYNAR. Thank you very much for your testimony. I read the entirety of it while you all were presenting it, and it was very, very helpful. Let me ask you a couple of questions, if I could.

Doctor, the President's fiscal year 1985 budget is asking for a cut of about $17.5 million for title IV activities from the current $22.5 million down to $5 million. What kind of impact is that going to have on the activities that you talked about in your remarks?

Dr. EUSTER. Primarily it is going to eliminate the funding of very creative, innovative training programs probably that will not be funded. The competition for research, training and other grants will be much more severe and some very fine projects of merit will not be funded. I am very concerned about the effect on colleges and universities where there are some excellent ideas being generated and where these projects may not be funded.

Mr. SYNAR. As you know, there has been legislation that has been introduced to earmark education and training money for those students who go into graduate work for Alzheimer's disease. Do you agree with that concept of using, allocating target money for that?

Dr. EUSTER. Speaking for South Carolina, we have not been fortunate enough to get much money in this area for the training of students to serve clients in this area.

I would hate to see South Carolina end up a loser in this grab for funding as these projects of merit are funded. In States like South Carolina, that are very, very slow in getting to the business of training personnel and doing the research in the area of Alzheimer's disease, I would hope that funds would filter into our systems too.

Mr. SYNAR. Let me ask you another question. How many gerontologists are there in the State of South Carolina?

Dr. EUSTER. In my testimony you will note that we have recently developed the concept of a multidisciplinary gerontology center. We are going to pull together hopefully a gerontology center utilizing gerontologists from Clemson University, the Medical University at Charleston and the University of South Carolina.

Mr. SYNAR. How many are there?

Dr. EUSTER. I would say approximately 50 faculty people within the State college and university teach in the area of gerontology.

Mr. SYNAR. That was not my question. My question is how many doctors who specialize in gerontology exist in South Carolina?

Dr. EUSTER. I know of one.

Mr. SYNAR. One.

Dr. EUSTER. One.

Mr. SYNAR. You can join the ranks, because Oklahoma has none, and of all the things that I think we have really missed the boat on this is probably the one area which we are going to really have to explore in quantum leaps. This country is in dire need of specialists in gerontology, and there are just none in this country. And South Carolina, which is exactly the same size as the State of Oklahoma, shares the same problem. There are no doctors out there that really can take a holistic look at a person's life and what it involves. And if Oklahoma and South Carolina are examples of what we are looking at, we are looking at a tragic inability of this Nation to provide gerontologists for the fastest growing part of the population. So I am glad to see in your testimony that they are beginning to set up adequate centers in South Carolina.

At the University of Oklahoma we are doing the very same thing, and we are desperately in need of funding. It is very difficult to get young practicing doctors who are in med school to go into this area, and obviously a percentage has got to be looked at by which we can move people into this area, because it is obviously a very crucial area which we are all having to look at. Thank you very much.

Mr. **Derrick**. Thank you both for your testimony. Ms. Heriot, I want to ask you a question, but first let me make an announcement.

There is a summary of the Older Americans Act in the back, back there in the back of the room, and they are there for you to take. If you would like a copy of the testimonies, the testimony of the witnesses. That testimony that was provided us is on the table over here to the left, and you are also invited to take copies of that, if you like.

Ms. Heriot, what special programs do you feel are inadequately addressed in the present title IV, if any?

Ms. **Heriot**. I think that under the present title IV—of course, we only get IV(a) money—we are very much afraid, of course, as it is now we have a good deal of latitude in what training we can provide, but we are getting a lot of indications that title IV(a), or let me say training money, because we do not care what title it comes to us under, is going to be phased out.

We were about 3 months late in getting our application for funding this year, and to date we have not even received an AGA, so we cannot spend the money. And we wanted you to know that we have got to be able to train these as what I am terming blue collar workers—and I do not like the term, but I do not know what else to use--because we are totally dependent upon them to provide inhome services for some of the very, very frail people that we are serving. So I think that if title IV(a) were to be renewed as it is we would be OK. It is just that we are very, very much afraid that it is going to be phased out, and we do feel that much of the research that has been funded in the past has not filtered down to the service level and we have got no good from it. So we would like for AOA to take a better look at what they are funding by way of research and, as I indicated, I personally would like to see it in the National Institutes on Aging so that the biological research can be integrated better with the psychological and sociological aspects.

Mr. **Derrick**. Doctor, do you work any with the Veterans' Administration in training professionals?

Dr. **Euster**. Yes, we do. Through the College of Social Work we have approximately 10 students who are being trained, doing their internships and practicum training in Charleston and Salisbury, NC, as well as at the Columbia VA. Approximately 10 students per year receive their training with the VA system, most of whom will go out, I might add, and hopefully try to get employed in a system that is not hiring very many people right now.

Mr. **Derrick**. Thank you both very much for your testimony. And thank you for traveling a great distance to be here with us this morning. It is very helpful.

As I said earlier, your entire statement will be entered in the record and will be reviewed as we go into the reauthorization of the Older Americans Act in Washington. Thank you very much.

Does anyone else have any questions they would like to ask or anything they would like to say? Yes, ma'am. Try to keep it to about 2 minutes. We would appreciate it.

STATEMENT OF ANN WARLEBAUGH, LAURENS COUNTY COUNCIL ON AGING

Ms. **Warlebaugh**. I would like to say thank you for coming and being here today. I am Ann Warlebaugh from the Laurens County Council on Aging. Our county is, too, one that is an individual AAA county.

Transportation is in the top of our list, if not on the top of our list of needs of the elderly. We need more dollars for transportation, but what I am asking for is something a little bit different.

I would like for somebody in Washington or somewhere to look at the possibility of having buses designed for the elderly that will take care of their needs. It is very difficult to get a van and have it equipped with a running board-type stool or step that they can get on.

The 15- and 12-passenger vans that we use, and I think it is true of other counties, many other counties, are vans that have been designed for sportsmen purposes. There is a whale of a lot of difference to getting somebody going hunting in a van and getting somebody in their upper eighties and nineties in a van.

We need a method that they can mount and dismount that is a safe method. Having a stool that has been designed for them by some of the senior citizens themselves is difficult to manage. It is not safe because of the contour of the ground on which it has to be placed. This, I know, sounds like a way-out concern, but I am concerned about the safety of many elderly people. We have one client 108 years old who is looking after in her home a 68-year-old son who is a double amputee.

Mr. **Derrick**. You have a client that is how old?

Ms. **Warlebaugh**. She is 108.

Mr. **Derrick**. 108? I did not know there was anyone around that old.

Ms. **Warlebaugh**. When we were talking once with Harry about swapping services between other agencies, I suggested that maybe we could consider her a person with a dependent child and swap out with ESS on it.

Mr. **Derrick**. She is taking care of a child who is 68?

Ms. **Warlebaugh**. Her son is 68. They manage together. We send meals in.

Mr. **Derrick**. That is remarkable. Is her mother still living?

Ms. **Warlebaugh**. No. Her mother died some time back. But I do wish that someone would look into the construction and design of a van for elderly people.

Mr. **Derrick**. That is an excellent suggestion. And let us see what we can do about maybe getting some of the manufacturers to look at that. Thank you very much.

Is there anyone else who has a question or any comments?

STATEMENT OF YVONNE SIMPSON, APPALACHIAN COUNCIL OF GOVERNMENTS

Ms. **Simpson**. Congressman Derrick, I am Yvonne Simpson with the Appalachian Council of Governments which serves as an Agency on Aging for the six-county upstate area. I just want to make a few brief comments, and I want to begin my remakrs by saying that the aging network is South Carolina is a very viable network, an increasingly visible network.

I want you also to know that there are many, many good things going on in South Carolina, particularly in the upstate when it comes to services for the elderly. We all have a role to play in providing services and making sure that services are delivered effectively.

We feel that funding available for services to the elderly does not come near what the need is. We have very many service providers who are providing an immense service on a limited budget, and in many cases the 85 percent Federal amount of the budget is a lot less than that, because then you have to find additional dollars more than the 10-percent matching requirement. So I think it is important for Congress to know that while Federal funds are providing a great many services in this area, there are very, very many dollars coming in from local resources and providing services, also.

I would also like to mention that we would recommend or would support the consolidation of the title III program between III(b) and III(c) programs provided that funds are not increased as a result of the consolidation.

We also feel that it is important to area agencies and service providers to become a part of the network for long-term care, so we want you to know that South Carolina does have a viable network and we need additional funding.

Mr. **Derrick**. Thank you very much. Thank you for coming, and thank you for your testimony.

Is there anyone else? Fairey, do you want to come up here and say something?

Ms. **English**. Yes, sir.

Mr. **Derrick**. We will give you a couple of minutes. Fairey is from my hometown.

STATEMENT OF FAIREY ENGLISH, DIRECTOR EDGEFIELD COUNTY COUNCIL ON AGING

Ms. **English**. Congressman Derrick, I would like to answer your question that you asked Mr. Buell.

As you said, I am from Edgefield County. I started as a volunteer 10 years ago doing Outreach work. I started the first nutrition program in Edgefield County which, at the time, we worked with another county, Edgefield-Saluda. It was the Edgefield-Saluda nutrition program.

In 1977, I became director of the Edgefield County Senior Citizens Council. Recently, we are now designated as an AAA on a 2-year trial basis. I do not think this is enough time to be able to prove to the people that we were already doing all the jobs of an AAA.

I would also like to say that this has increased our service. We took the P&A money and put in services for the senior citizens of Edgefield County. There are other services needed. In Johnston, which is our poorest part of Edgefield County, we had to close a nutrition site when we were cut $25,000 in Federal funds.

A lot of funds are needed for the rural aging, and thanks for letting the senior citizens distribute the cheese. The senior citizens of Edgefield County say that is the first time they have ever, all citizens 60 years and older, have ever received anything from the Federal Government. Thank you.

Mr. DERRICK. OK. Thank you very much. Thank you for what you are doing, and thank you for your testimony.

Mr. DERRICK. Do you have anything?

Mr. SYNAR. No. I just want to thank everybody for coming out today. I have learned a lot. I think a couple of things that I can say right off the top is the fact that the same problems that face people in South Carolina face people in Oklahoma.

And second is we have a good example of good community service, volunteer work in this room, which is really the backbone of the success of any program, whether it is federally funded or privately funded. And so I am really excited to be here and I do appreciate the opportunity to hear from you all. And the information we have gathered today will be very helpful to us as we look this year to the reauthorization of the Older Americans Act.

Mr. DERRICK. Thank you, Mike. Thank you again for taking the time to come down here.

Let me tell you, he was supposed to be here about 8:30 last night, and we found out, we called and found he had got on a plane going to Greensboro, N C. He knew better, but some of his staff did not. You know, we live under, it is a rather discouraging thing how people from the other part of the country get North Carolina and South Carolina mixed up all the time. But it was not his fault. Anyway, he got here late last night and we do appreciate your coming very much.

I want to thank all of those who participated as witnesses, those who came here and listened, those who came from great distances as well as those who are from the local community.

You know, during my tenure in Congress, I have been to a good many of the centers throughout the Third Congressional District, and I have helped deliver food with Meals on Wheels, and I do not know of anything whether it be from a volunteer basis or whether there is some Federal help or State help in there that has meant any more to the people that I serve than that.

You know, to go into a home where the only contact that person might have during the day is with that person bringing the meal, not even to mention the nutritional value, and I know all of you work hard, and I know all of you are very dedicated, and I just thank you for what you do. And we are trying in our own way to get information from you so that what we do on the Federal level, and there are many things that we do wrong, but what we do as far as the Older Americans Act will be correct and will benefit the people of this State and Nation, and I thank you all very much for coming.

The committee hearing is adjourned.

[Whereupon, at 12:22 p.m., the hearing was adjourned.]

APPENDIX

Aiken Area Council on Aging,
Aiken, SC, March 16, 1984.

Congressman **Butler Derrick,**
Cannon House Office Building,
Washington, DC.

Dear Congressman Derrick: In response to your letter of March 6, 1984 requesting attendance at the Congressional Hearing on reauthorization of the Older Americans Act (OAA) and written comments pertaining to that reauthorization, I am pleased to report that members of the Board of Directors and staff of the Aiken Area Council on Aging, Inc. (AACOA) will be in attendance in Anderson and wish to offer the following comments on the reauthorization and other aging-related matters:

1. The AACOA strongly opposes the administration-proposed 5% reduction in federal funding that would prohibit maintaining services at current levels, let alone allow for any expansion of services at a time when rapidly growing numbers of elderly persons are making increased demands on service providers. We have already sustained reduced state funding for FY '85 which affects our ability to continue services at current levels. However, recognizing the need for maximum effective use of available funds to increase services, the AACOA proposes the alternative presented by Board President, Harold B. House to the South Carolina Commission on Aging at its public hearing on Area Agency on Aging (AAA) redesignation and alignment in S.C. on January 14, 1983. See copy attached. Monies currently allocated to administrative costs for often deplicative functions, e.g., program monitoring of service providers by both state and AAA staffs, result in excessive costs at the expense of direct client services. Substantial savings could be realized if service providers in states of comparable size to South Carolina were offered the option of contracting directly with the state unit on aging, thus eliminating the middle administrative costs of the area agencies on aging.
2. Section 307(a)(10) regarding restrictions placed on direct provision of services by state and area agencies on aging should be strengthened and enforced. AAA's should provide ddirect services only when clearly necessary and only until an independent provider program can be developed. The reason for this is because of the necessity to promote local support for services at the provider level.
3. The AACOA opposes the adoption of an economic means test for targeting services funded under the OAA. We should prefer that assessment at the local level continue to the method for targeting resources to those in greatest need, whether economic or social. Preventive services aimed at promoting continued health and independence among elderly persons are preferable to large sums spent for institutionalization.
4. AACOA strongly endorses the stand taken by the National Homecaring Council (NHC) that adoption of regulations at the federal level is necessary to establish uniform standards as a basis for reimbursement for the delivery of homemaker-home health aide services in order to protect clients. In many areas of the country contracts for services are being awarded to the bidder with the lowest hourly charge with no reference to the quality of service to be provided or the safety of the client receiving the service. We also endorse the recognition of the NHC's *Model Curriculum* as the required standard for training homemaker-home health aides.
5. The AACOA wishes to oppose the recently adopted emphases of the Green Thumb program funded under Title V of the OAA. The focus of senior employment in environmental areas, conservation, and land use, etc. has resulted in the loss of employment in human service provision. Many local councils on aging have relied heavily on the use of Title V employees to provide homemaker service, van transportation, nutrition site management, etc. The loss of critical staff in these areas of service delivery jeopardizes major programs.

6. The effort to give more freedom to local administrators and reduce regulation from the federal level has actually resulted in expanded restrictions and additional paperwork. What is no longer spelled out at the federal level leads to replacement at both the state and area agency levels that increases beyond reasonable bounds the administrative controls, restrictions and accountability procedures. Because it has become clear that we can no longer depend on federal regulations to clarify and carry out the intent of Congress, we feel it is necessary to add explicit language to the statute(s) to ensure that the purposes of the act are carried out without the imposition of additional burdensome local regulations.

7. The AACOA wishes to oppose the magnitude of the proposed cuts in research, demonstration and training programs under the OAA. We feel they have already been cut to bare minimums.

In related areas:

1. Reference Alzheimer's Disease. Please consider the attached request made by Charlotte Galton of our staff.

2. The AACOA wishes to go on record again as opposing the latest version of OMB Circular A-122, "Cost Principles for Non-Profit Organizations." This new version again poses serious threat to agencies such as ours that advocate on behalf of our clients by limiting "lobbying and related activities." It would prohibit our attendance at legislative sessions and committee hearings and testifying at public hearings at all levels of government. Advocacy on behalf of the elderly is a core purpose of our operation. In summary, the second revision to OMB Circular A-122, like the first, should be totally withdrawn.

Thank you for your consideration of all our suggestions, and for your willingness to make them available to all of the members of the aging committee as well as to include them in the official record.

With kindest personal regards,

Sincerely,

PHYLLIS G. PELLARIN, ACSW,
Executive Director.

TESTIMONY TO EXECUTIVE COMMITTEE, SOUTH CAROLINA COMMISSION ON AGING, PUBLIC HEARING, JANUARY 14, 1983, ON AGING DESIGNATION AND ALIGNMENT IN SOUTH CAROLINA

I am Harold House and I represent the Board of Directors of the Aiken Area Council on Aging. I have been associated with the Aiken Area Council going on seven years, starting as a volunteer in the Home Delivered Meals program, and I am now serving my fifth year on the Board of Directors. I now regard working with the local council as my retirement career. Prior to that I spent thirty-three years with a major oil corporation. I am accompanied here this morning by Mr. Morris Fonda and Mr. Paul Benbow, both Board Members and active in Aiken senior citizens groups. Also with us is Mrs. Phyllis Pellarin, the Aiken Area Council on Aging Executive Director. I mention this only because Mr. Benbow, Mr. Fonda and I represent a combined total of 99 years in business and 18 years now with the problems of the AACOA, combined for a total of 117 years. The comments that follow are basically the thoughts of we three Board Members and represents the thinking of the majority of our Board Members.

We have spent a considerable amount of time going over the Status Briefing that was prepared by Mr. Dubs. This clearly indicates the excellent organizational effort that helped to bring about the development of the aging programs in South Carolina. The current situation has been well spelled out and options explored. Considerations for the future have been indicated, and options offered. This is no different from corporate structure or corporate problems. The basic difference is in the end product. Corporations deal mostly with products. Here we deal with services. Simply put, corporations must get the best possible product placed on the market at the lowest possible operational cost; thus providing a profit. We must provide the best services available to our older Americans at the lowest possible operational cost; thus providing more and better quality services.

When a corporate enterprise comes out with a new product, changes its marketing policy, or develops a new marketing territory, it, of necessity covers the entire marketing area with programs, publicity, and most important, manpower. Once that coverage had been satisfactorily achieved, consolidation can be implemented, costs reduced, and all major effort focused on operating in the most efficient manner possible—with all and every unnecessary expense eliminated.

We feel that the presenting and implementation of the aging programs in South Carolina have now reached that point. Certainly not a saturation point, but certainly at a level where the momentum can be maintained. We believe it is now time to consolidate, reduce administrative costs, and increase the overall efficiency. And it is for this reason, and this reason only, that we looked very seriously at Option 1.

Option 1 offers an opportunity to consolidate, reduce costs, and increase efficiency. This, of course is the Single State Planning and Service Area option. According to the Briefing Directive there is a provision in the current regulations for a State Agency on Aging to designate the entire State in a Single Planning and Service Area and for the State Agency to carry out the functions of both State and Area Agency. This is no backward move. It reduces no services to the county councils that deal directly with the problems and the services in the field. It simply places all administrative functions in a central location, and in the center of the state. South Carolina is a small state, both geographically and population wise. Communication is easy, whether it is by mail, phone, or direct contact. It then becomes evident, from a standpoint of good sound business policy, that one level of administration above the level of field councils is sufficient.

A recently published book co-authored by Peters and Waterman, both Management Consultants, titled "In Search of Excellence" and subtitled "Lessons From America's Best Run Companies", brings out strongly one message: K.I.S.S. There is nothing new about K.I.S.S. It has appeared on staff bulletin boards for many years as a constant reminder. What does it mean? Keep It Simple Stupid.

So we asked ourselves, what would we do to make for a better, more efficient operation? Keep It Simple. The Webster dictionary does not have such a word as "decomplicate", so we'll make one up. Let's decomplicate all that which is becoming complicated by duplication.

The two (2) prime benefits, as we see it, that would be derived from one level administration would be these:

1. Time Saved. A chain of command in many cases requires twice as many communications (whether by letter, phone, or visit). One direct communication would suffice. This is expensive from a time wasting stand point, and delays implementing action in the field.
2. Money Saved. By consolidation, monies saved would more than offset any additional cost of added personnel in the State unit.

The direct line of authority from the State level to the local agency would result in other benefits, not as important, perhaps, but any savings in time, effort and money, by eliminating duplicate functions through consolidation must be considered.

Our first consideration must be to give more and better service to older persons in the state of South Carolina. And any additional funds that can be generated by savings means that the established agencies in the field will be better able to carry out the stated objectives of the councils.

When a dollar bill starts on its journey from Washington bound for its final destination somewhere in South Carolina, finally arriving at the local field council, it has passed through many layers of administration. Each level cuts out a portion of that dollar, and what is left goes for its original purpose, a service for some aged citizen. It is the responsibility of every administrator at all levels to see that that dollar arrives at its destination with as whole a hide as possible. Thank you.

AIKEN AREA COUNCIL ON AGING,
Aiken, SC, March 20, 1984.

Hon. BUTLER C. DERRICK, Jr.,
Cannon House Office Building,
Washington, DC.

DEAR MR. DERRICK: As President of the Board of Directors of the Aiken Area Council on Aging, I should like to offer the following testimony to the House Select Committee on Aging in regard to the reauthorization of the Older Americans Act.

I offer these comments as a senior citizen taxpayer, as a retired business man, and as an active participant of an agency that serves the needs of the senior citizens of Aiken County in a very efficient and effective way. The objectives of the Aiken Area Council on Aging, as are those of every other county agency that serves the elderly on the ground floor level, are to service the needs of these citizens in a way that they will receive the most benefit from every dollar that is allocated to whatever service is provided.

With this in mind, I suggest that whether we are faced with a reduced budget or just plain working toward a more efficient way of giving better service, that we very seriously consider the chain of administration that now exists between the source of funding and the final county agency that converts these funds into the service delivered in the field and to the ultimate benefit of the senior citizen.

The present table of organization indicates four layers of administration from the original source of funding to the final county service provider. Every dollar passes through this chain of administration—some necessary—and I'm sure some not. A tremendous savings can be effected in money and efficiency with a little elimination and consolidation along the way. Very sarcastically I could say that the paper waste alone would be a terrific savings!

Any contemplated cuts should not and must not be made in reducing services provided at the local level. Any reductions in funding should be first taken from the various levels of administration. This may not be the politically expedient way but it certainly would be the logical and business-like approach.

Thank you for consideration of my suggestions.

Sincerely yours,

HAROLD B. HOUSE,
President, Board of Directors.

BARNWELL COUNTY OFFICE ON AGING,
Barnwell, SC, March 23, 1984.

Hon. BUTLER DERRICK,
U.S. House of Representatives,
Cannon House Office Building,
Washington, DC.

DEAR CONGRESSMAN DERRICK: Thank you for the opportunity to comment on the re-authorization of the Older Americans Act. We here in South Carolina are experiencing an increasing number of older persons needing services, and little increases in funding to provide them.

I would support a move to combine III-B and III-C allocations allowing the Area Agencies and local agencies to determine where the funds are spent. Over the years the largest increases in funding have been in Congregate Nutrition (IIIC-1). Yet with the population getting older, more and more services are needed for homebound. Although the 20% transfer allowance helps, it still does not meet the need. In many parts of the state we have congregate meal sites underserving while waiting lists for home delivered meals, homemaker and other in home services grow longer and longer. There needs to be more flexibility at the Regional and local level to spend funds as needs dictate, not as Congress dictates. I emphasize that the decision needs to be made at the regional and local level and not at the state level. Service needs vary in different locations depending on many circumstances including availability of other funding.

I also encourage stronger emphasis on the Area Agencies authority and responsibilities. I am a strong supporter of the regional concept. I am unfamiliar with other states, but in South Carolina, I believe the State Agency attempts to hold too much power. The intent of the Older Americans Act seems to be to give more power and responsibility in the decision making to the Area Agencies. Perhaps the language needs to be stronger to force that in states that may be interpreting it differently. I also believe the Act needs to mandate that long term care services flow through the Area Agencies and the Aging Network. In this state, the Aging Network has been almost totally ignored.

The Aging Network should be the forces of all services for Older Americans. We specialize in services to this group of citizens and our expertise should be utilized to the fullest. For this same reason I believe that funds for services for elderly whether it be energy assistance or long term care services should be combined under the Older Americans Act. There is a lot of support for this among the South Carolina Aging Network. Many times our network ends up doing the work while some other agency receives the administrative funds.

I am very concerned about a situation here in South Carolina where six county councils on aging have been designated Area Agencies on Aging. When the responsibilities of an Area Agency are considered, it seems there is strong evidence a conflict of interest could exist in these situations. This should be addressed in the Act to prohibit such a situation from existing. How could the same person really serve as both an Area Agency director and a local agency director without some bias in decisions concerning services and funding allocations.

Thank you for your consideration.
Sincerely,

GAIL C. REYES,
Director, Barnwell County Office on Aging.

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES,
Abbeville County, March 15, 1984.

Hon. BUTLER DERRICK, M.C.
Third District,
Anderson, SC.

DEAR SIR: I regret that I will be unable to attend the hearing on the reauthorization of the Older Americans Act to be held in Anderson on March 19. However, I and members of my staff who work mainly with the elderly feel very strongly about the need for reauthorization of the Act without funding cuts. Abbeville is largely a rural county and we are directly involved in service delivery to these sometimes isolated persons.

Accordingly, we wish to offer the following comments:

There has, and will continue to be a tremendous increase in the number of older Americans due to increased life expectancy, the discovery of cures for many life-threatening illnesses, and more medical research resulting in better health care. These citizens have much to contribute to society through their cumulative wisdom and experience. Many of our leaders come from this age group.

What does this benefit, though, those elderly citizens forced to live (in many cases, only subsist) on meager incomes without the resources to meet even basic needs. In addition, as the extended family no longer exists, more are living alone and isolated.

To assist them to maintain their independence, more social services such as homemaker, congregate meals, health services and self-help and financial counseling are needed. Our clients are proud and independent and we seek to help them remain so despite the inevitable increasingly debilitating effects of advancing age. Without support services, many aged and disabled persons would be forced to leave their own homes and enter boarding or nursing homes at a much greater cost to the government and their own self-esteem.

We appreciate your giving us the opportunity of input on a matter of such vital concern to all Americans.

Sincerely,

(Mrs.) PEGGY R. HARRISON,
County Director.

STATE OF SOUTH CAROLINA STUDY COMMITTEE ON AGING

STATEMENT TO THE HOUSE SELECT COMMITTEE ON AGING, ANDERSON, SC, MARCH 19, 1984

The Joint Legislative Study Committee on Aging is a permanent committee of the General Assembly whose purpose is to identify and seek to meet the needs of the elderly citizens of our state through appropriate state legislation.

We support the House Select Committee on Aging in your excellent accomplishments on the federal level. We welcome your interest in the needs of older South Carolinians.

Each year our Committee holds public hearings to gather input on the needs of our constituency. In September 1983, thirty-nine persons appeared before the committee. Health care, in-home support services, research and transportation were specifically cited as continuing urgent needs. A transcript of the hearing is included with this statement for your reference. Also attached is a summary of state legislation which the committee introduced to address the basic needs of our citizens and to enhance their quality of life. Integral to this approach, of course, is our partnership with the federal government and the aging network of South Carolina.

We urge reauthorization of the Older Americans Act with full funding. Of particular benefit to our state has been Title IV training funds. Under this title the Summer School of Gerontology has continued to expand to meet the urgent need for upgrading of personnel assoicated with in-home services. We believe that home care must be vigorously pursued to provide adeuqately for our frail elderly. Training is imperative if community long-term care programs are to succeed. Our state cannot afford for them to fail.

Thank you for your assistance in the past. We look forward to continuing our mutually benefical relationship.

THE COLUMBIA URBAN LEAGUE, INC.,
Columbia, SC, March 27, 1984.

Hon. BUTLER DERRICK,
U.S. Congress,
Cannon House Office Building,
Washington, DC.

DEAR CONGRESSMAN DERRICK: Although we were unable to attend the Congressional Hearing that the House Select Committee on Aging conducted on the reauthorization of the Older Americans Act on Monday, March 19th in Anderson, South Carolina, we would like to offer the following written testimony for consideration.

The great majority of the elderly citizens of this Country rely on government assistance to sustain life on a daily basis. The current apparatus for administering assistance to the elderly is a vast complex system of statutory regulatory and decisional law.

"Their shelter may be provided or secured under federal and state public and subsidized housing laws, relocation laws, environmental protection laws, and zoning laws. Their health is often dependent upon Medicare, Medicaid, laws regulating nursing homes, and laws relating to the advertisement of prescription drugs. Their nutrition is often secured by the Food Stamp Program and nutrition programs established by other federal laws. The source of their income may be Social Security, Supplemental Security Income under Title XVI of the Social Security Act, or private pensions. The dignity of personal freedom and control of property is subject to the vagaries of the law of guardianship, conservatorship, and involuntary commitment."

To say that the elderly have difficulty assessing this maze is at best an understatement. The truth is that the older American, more often than not, is unable to "work" the system and finds it frustrating and incompresible. This should not be surprising, even younger Americans are at a disadvantage in dealing with the governmental beauracracy.

In addition to the legal needs created by the government's income maintenance system, the elderly also need legal assistance in the drafting of legal documents such as wills and deeds, advice and counsel on landlord and tenant matters as well as on a variety of issues.

The need for legal services for older Americans is no longer a point of discussion. Congress has assigned responsibility for providing older persons access to legal assistance to both the Legal Services Corporation and the Administration on Aging. The 1981 amendments of the Older Americans Act of 1981 made legal services one of three priorities upon which "an adequate proportion of Title IIIB funds must be spent. This priority status results from the role that legal services plays in the accomplishment of the social services goals envisioned by the Older Americans Act. More often than not, older Americans need the assistance of a legal professional to obtain the public benefits which they depend on for their very subsistence.

CASE HISTORY NO. 1

Initial contact with the client indicated that she was receiving Social Security benefits. She had applied for Food Stamps but had been denied. She was apparently eligible for Supplemental Security Income (SSI) and Food Stamps. As we were processing her application for SSI, we learned that she had been married twice, both husbands had died. The first husband had worked for the Railroad. When she remarried, her Railroad Retirement benefits (based on first husband's account) were cut off. When the second husband died, she was not aware that she could again draw the first husband's Railroad Retirement; as she could. Therefore, we went ahead and processed her applications for SSI and Food Stamps; while at the same time, processing the application for Railroad Retirement benefits. The client received SSI and Food Stamps for about five months. When the Railroad Retirement was approved, she became ineligible for SSI and Food Stamps. However, she received more benefits from Social Security and Railroad Retirement than she received from Social Security and Supplemental Security Income. Our service resulted in a 100% increase in her income.

CASE HISTORY NO. 2

This woman had been a client of the Aging Program for a number of years; mostly a recipient of the social support component of the program. She had been receiving SSI but was subsequently cut-off due to an overpayment. The overpayment was based upon the Social Security Administration's belief that the client owned her home and her parent's home which is adjacent to her property. If this were true, this would have put her over the allowable asset cut-off for SSI. In reality, the client no longer owned her own home because it had been sold by the County for delinquent taxes. We contacted the County Treasurer's Office and got proof of the sale of the property and forwarded the same to the Social Security Administration. Subsequently, her SSI benefits were reinstated. SSI was her sole source of income; she had not paid enough into Social Security.

Some years later, the client was again faced with the sale of her property (her parent's home which she owned and moved into when her home was sold) by the County Treasurer's Office due to delinquent taxes. Back taxes were owed for five years. We contacted the Treasurer's office and were successful in stopping the sale of her property even though the process is usually irreversible at the point to which it had proceeded. We were successful in establishing a schedule of payments for the taxes. The client with our continued assistance kept up the payments and managed to retain her property. She had no other place to live.

CASE HISTORY NO. 3

This client was a 61 year old man who had been denied disability benefits twice; at the application and the reconsideration levels. He was married and had two children, one living at home. The only source of household income was from his wife's salary which was from a less than full-time job which did not pay well. They were not able to meet their living expenses. The mortgage on the house and several other bills were in arrears. He had been self employed as a demolition contractor for the greater portion of his working life and has done quite well financially. He was not dealing with his inability to support his family. After speaking with his doctor and reviewing his medical files, we decided to represent him before the administrative law judge. We were successful in getting him determined disabled. He received back benefits totaling approximately $3,000. His regular monthly benefits was $360.

Given the way older Americans are treated by government and by society, it is frightening when one thinks about the prospect of growing old. We submit to you, Congressman Derrick, that the Older Americans Act should not only be reauthorized but should be strengthened because a Country that does not take care of its elderly has a bleak future.

Sincerely,

JAMES T. MCLAWHORN, Jr.,
President.

SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES,
Columbia, SC, March 16, 1984.

Hon. BUTLER DERRICK,
Anderson, SC.

DEAR CONGRESSMAN DERRICK: Thank you for your letter of March 6, 1984, advising me of the scheduled congressional hearing to be held by the House of Representatives Select Committee on Aging from 9:00 a.m. to 1:00 p.m. on Monday, March 19, 1984, at the Anderson Recreation Center, 1107 N. Murray Avenue, Anderson, South Carolina. The fact that this hearing is being held within South Carolina's Third Congressoinal District is important so that imput can be gathered first hand from those who are directly involved in our state in programs funded by the Older Americans Act.

Since some of our Agency's programs are funded by Title XX Social Services Block Grant money which is limited, we depend heavily on those programs funded by the Older Americans Act. In our State, the nutrition sites, home delivered meals, services to the rural elderly, homemaker, outreach programs, and all the other services provided by the Aging Network, are vital to our elderly citizens. Not only is reauthorization of the Older Americans Act essential but also any reduction in funing would be detrimental to the clients served and placed an additional burden on the limited resources of our Agency's Block Grant programs.

Your role as a advocate for our State's elderly citizens is appreciated. I trust that if all of our voices are heard in the Congress that the Older Americans Act will be fully reauthorized beginning October 1, 1984.

Thank you.

Sincerely,

JAMES L. SOLOMON, Jr.,
Commissioner.

CENTRAL MIDLANDS REGIONAL PLANNING COUNCIL,
Columbia, SC, March 19, 1984.

Representative BUTLER C. DERRICK, Jr.,
Cannon Office Building,
Washington, DC.

DEAR CONGRESSMAN DERRICK: Thank you for inviting my written comments on the Reauthorization of the Older Americans Act. I have included those comments as an attachment to this letter.

I am concerned about aspects of the Aging program in South Carolina and the nation. As you will notice, my closing comments address those general concerns.

The Aging Network works. It works because most individuals in the network care about their universal goal, "assisting older persons to remain independent for as long as they can, while improving the quality of life of the older person."

I look forward to reading the "newly revised" Older Americans Act. Hopefully, it will provide the needed guidance for continued program growth for a "growing older" population. If I can ever be of assistance, please call on me.

Sincerely,

GEORGE M. DICK,
Senior Human Resources Planner.

Attachment.

WRITTEN STATEMENT OF GEORGE M. DICK

Congressman Derrick, members of the House Select Committee on Aging, my name is George Dick. I am the Area Agency on Aging Unit Director for the Central Midlands Regional Planning Council. Thank you for allowing me to submit a written statement to you concerning the Reauthorization of the Older Americans Act.

You are aware of the critical stage our country has entered into, and how our actions today will impact on the lives of millions of older people in the years to come. Because you are aware of the statistics and trends, I will move directly into my recommendations for changes in the Older Americans Act which could impact today's and tomorrow's elderly populations and their service provision systems. (For clarity, I will be referencing either H.R. 4785 or the latest amended version of the Older Americans Act of 1965.)

The "Network on Aging" is a symbolic term used to describe the policy, planning, and service network established under the Older Americans Act. Than term needs to be moved beyond its symbolic stage and into an age of reality. An "age of reality" can only come about specific changes in the direction and authority given State, Area, and County Agencies serving older people.

With this in mind, our Area Agency on Aging supports the change in language found in HR 4785 on page two, lines 11 through 14. By amending the heading section to include comprehensive community-based long term care services, the Older Americans Act would assist the Aging Network's move to provide a true continuum of care for our older citizens.

To further clarify the network on aging and its relationship to providing a true continuum of care for our aging population, we recommend that the following definitions be added under Section 102:

Section 102

(8) The term "network on aging" means the administrative structure provided for under the Older Americans Act for the purpose of implementing the Act at the Federal, state, sub-state, and local levels through the Administration on Aging, State Units on Aging, Area Agencies on Aging, and service provider agencies receiving Older Americans Act funds.

(9) The term "resource management" means the directing, redirecting, and integration of current and potential resources through more effective service management, targeting, client tracking, and unit costing to serve older persons with greatest demonstrated need in a way most beneficial to the elderly client.

(10) The term "resource development" means those activities generating additional resources, both public and private, which establish a comprehensive array of community-based long term care services responsive to local needs.

(11) The term "community-based long term care" means a range of preventive and supportive health and social services, including case management as the central component, provided in the community, in-home, and institutional settings.

The programs funded under the Older Americans Act have, to a large degree, escaped the undue burden of excess paperwork. However, to further reduce unnecessary paperwork on all levels of the aging network, we propose the following wording change to Section 211 of the existing law:

Section 211

. . . and take action necessary to reduce the paperwork required under this Act. The Commissioner shall request only such information as the Commissioner deems essential to carry out the purposes and provisions of this Act, and shall utilize the National Data Base on Aging as a primary source for gathering such information and uniform service definitions as appropriate.

To insure references to individual services made possible through or coordinated by Title III funds are included as components of a community-based long term care system and to insure Title III emphasizes a continuum of care, we propose the following wording change to the defintions found under Section 302 of the existing law:

Section 302

(1) The term "community-based long term care system" means a system for providing all necessary health and supportive social services. The system must include effective service integration and coordination, appropriate client assessment, maximum use of informal supports, accessible services, and evaluation, and be designed in a manner to . . .

We would also propose adding the following definition:

(10) The term "health and supportive services" means all services provided in community, in-home, and institutional settings, to prevent deterioration, or improve the well-being of older persons with demonstrated needs, and includes nutrition services and multi-purpose senior center activities.

The Older Americans Act should provide an emphasis for strong planning and allocation of service funds based on needs found within the Area Agency on Aging's Planning and Service Area. To insure this emphasis is provided, we propose the following changes to Section 306 Sub-part (2) as follows:

Section 306

(2) Provide assurances that an adequate proportion of the amount allotted for part B to the planning and service area will be expended for the delivery of

(A) services associated with access to services (transportation, outreach, information and referral, and case management);

(B) in-home services (homemaker and home health aide, visiting and telephone reassurance, chore/maintenance, and home delivered meals); and

(C) community-based services (health screening, senior center activities, congregate meals, legal, and employment);

(3) The area plan should target these services in sub-part (2) to the following groups:

(A) Persons without functional impairments by providing preventive services to maintain independence;

(B) Persons who have limited mobility and are unable to carry out basic activities of daily living without assistance;

(C) Persons who are homebound; and

(D) Persons in long term care institutions who are able to return to community living with sufficient formal and informal supports;

To assure proper service implementation and coordination, additional responsibilities and authority should be given to the Area Agency on Aging. This can be done by adding the following under Section 306; (6):

Section 306

(6) (I) establish effective and efficient procedures for coordination between programs assisted under this title and programs described in Section 203(b);

(J) develop a client centered access system either through direct provision or through contracts or other means, to assure the accessibility of case management services as a primary component of community-based long term care systems;

(K) be reponsible for coordination of all federal and state funded services for the elderly through case management, resources management, and resource development; and

(L) retain and strengthen current advocacy responsibilities.

The current law separates funding under Part (B) and Part (C). This has caused an unusual and unnecessary amount of paperwork, administrative and financial burden, and confusion. To simplify this situation, we propose consolidating parts B and C. This can be accomplished by making the following changes to the existing law:

PART B—HEALTH AND SUPPORTIVE SOCIAL SERVICES

Section 321

(a) The Commission shall carry out a program for making grants to States under the State plans approved under Section 307 for any of the following health and social support services:

(1) health . . . referred services;

(2) transportation services to facilitate access to health and supportive social services;

(3) case management services designed . . . services available to them;

(4) services designed (A) to assist . . . such residences;

(5) case management and in-home services designed . . . home environment;

(6) services . . ., to other individuals;

(7) preventive services designed . . . and exercise;

(8) Preventive services . . . in older individuals;

(9) services . . . for older individuals;

(10) institution related services of . . . such individuals;

(11) services . . . are disabled;

(12) services . . ., and placement;

(13) Crime prevention . . . older individuals;

(14) A program, . . . self-sufficiency;

(15) [1] establishment amd operation of nutrition projects;

(A) which, five (5) or more days a week, provide at least one hot or other appropriate meal . . . Research Council;

(B) which shall be provided in congregate settings; and

(C) which may . . . older individuals;

(16) [2] establishment and operation of nutrition projects . . . Sciences—National Research Council;

(17) any other services;

if such services meet standards prescribed by the Commissioner and are necessary for the general well-being of older individuals.

This concludes the portion of my statement dealing with specific sections of the Older Americans Act. In the next portion of this statement, I will share with you my general thoughts and concerns surrounding this important Reauthorization process.

I began my career in Aging programs during 1973. At that time, I started one of the first nutrition programs for the elderly in a rural part of northeast Georgia. From that time to the present, I have been fortunate enough to take part in two levels of our "network on aging." First as a direct service provider in a rural community, then assisting in the establishment of an Area Agency on Aging in the same rural setting, and finally helping to set up an Area Agency on Aging in a very diverse and unique region of South Carolina.

Those experiences, coupled with my association with the Southeastern Association of Area Agencies on Aging (serving as its Chairman during 1979-80) and the National Association of Area Agencies on Aging (currently serving as that association's Second Vice-President), have given me a unique view of the structure workings of the "network." Because I have been privy to such a view, and because of my experience both in the service provider and Area Agency on Aging arenas, I feel I can offer a perspective not always found on the roles played by each.

First, the service prouiding agencies that work for our aging population have labored for well over a decade without adequate funds or support from either the federal or state level governments. The prime cause of fragmentation at the local level can be traced directly to the multiple programs discretely funded to avoid integration into a comprehensive service system. This problem has not prevented services by the aging network, but it has definitely restricted services both in the rural and urban areas of South Carolina.

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[1] Exact wording can be found under Section 331 of existing law.

[2] Exact wording can be found under Section 336 of existing law.

Finally, Area Agencies on Aging are working beyond their physical capabilities in South Carolina and throughout the Southeast. The typical staff of an Area Agency in South Carolina does not exceed three professionals. These agencies are asked to perform all the mandated functions outlined in the Older Americans Act. They should continue to be asked to do this, but they should be adequately staffed to provide quality assistance and guidance in the years to come.

Another area being discussed in South Carolina is whether Area Agencies on Aging should be service providers. From the viewpoint of an individual who has worked in both arenas, I would state firmly that these two (service provision vs. Area Agency functions) are not compatible. Area Agencies on Aging should be established to insure all the needs of an elderly population are addressed. As a service provider, an Area Agency may only insure the service needs of the agency are met.

Area Agencies on Aging in rural areas are sometimes forced into provision of certain services. However, Area Agencies have an obligation, when needed, to establish and nurture agencies that will be able to provide quality services. This includes agencies established by and operated by minorities and elderly. The Older Americans Act should address these issues in a straightforward and decisive manner to insure the future "network on aging" is yet stronger than it is today.

Representative Derrick, Committee members, thank you again for granting me this opportunity to share our agency's and my personal views on the Reauthorization process.

Bamberg County Office on Aging,
Bamberg, SC, March 16, 1984.

Congressman Butler Derrick,
Anderson, SC.

Dear Congressman Derrick: Since I cannot be with you in person Monday, I am sending the needs of the elderly as listed in my Technical Proposal.

Most of our clients are low income so they have financial problems health as well as the needs enclosed.

Crime is another area of concern. There are many frail elderly, alone. I am a widow (57), alone and certainly share their feelings. I think we need a new law system to cope. Our land should be a peaceful example of what it means to live in America. Our leaders must realize the fear that exists in our Nation over this problem.

Our Staff is very limited, copy enclosed. We need more help. We appreciate the four Green Thumb Workers we have. We could not operate without them. I hope Green Thumb will be able to continue. It not only helps provide services but gives the workers the extra income needed to live independently.

We work closely with DSS, Health Department and Home Health Services to give the frail elderly our support.

Our prayers are with you and other leaders that are concerned over the needs of the Aging.

Thank you and Congressman Synar for your support. May God Bless you and other leaders that really care.

Sincerely,

Carolyn M. Wilson,
Director.

Enclosures.

Technical Proposal

I have been with this Agency will be eight years in May. I always said it was the Lord's Will that I came to work here. It has been the most rewarding, next to my church but very depressing at times. The needs are many. We just wish we could meet more of the needs.

We have always kept a telephone log. Based on past experience and calls received. I list the following for our problems in order of greatest needs.

PROBLEMS AND APPROACH

1. Case Management is a problem to this office since we do not have an Outreach Worker. The limited staff shares this responsibility. We really need a half-time outreach worker to help reach more of the frail elderly in our County, keep more infor-

mation on clients etc. This problem is listed first because it is through a telephone call or referral that we receive the needs of the elderly. This service includes information and referrals, outreach, assessment, monitoring etc.

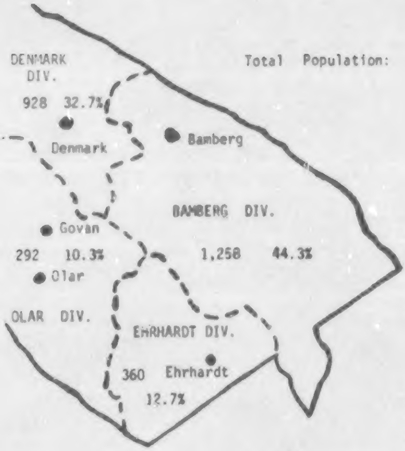
2. Transportation is still a top priority of this mostly rural County with no public transportation. With limited funds one 15 passenger van, a part-time transportation Green Thumb Worker and support of our limited staff (autos) we cannot meet the demands for this service. There is certainly a gap in transportation. It is sad to see a Title XIX van pick up medicaid eligible clients to transport to the doctor (out of county) and cannot carry a person in need because he/she does not have a medicaid card. It is a pity funds cannot be utilized to meet the needs. We had to discontinue transportation out of county a few years ago. This was due to lack of funds and cost of gas. We certainly need to expand this needed service.

3. Home Delivered Meals—Since we started our Nutrition Program, the requests for this service has been more than we could supply. Tax payers do not criticize the HD Meals as they see and know the need is there. With the help of United Way our county wide HD Meals service started in October, 1982. We had to cut off the meals to Ehrhardt and Olar the 22nd of December, 1983 due to lack of funds. One of the couples, eight miles out from Ehrhardt in bad health, has gone to live with their daughter. We did not have as many in the Ehrhardt area as Olar. We had six people right in Olar. If we have any extra money, we could deliver to Olar. Since we are serving more people in Ehrhardt with transportation and homemaker services, we feel it would be fair to deliver meals to Olar. There meals are not as costly as Ehrhardt. It is only 10 miles from Denmark where we deliver every day. (Mon.-Fri.)

4. Congregate Meals—This service has been a blessing to many. We had our transportation program set up when we started Congregate Meals. It is good for our clients to have a hot meal when they are brought in to the doctor, DSS, food stamp office, health department, shop etc. Instead of trying to open a site in Denmark, we are bringing Denmark participants in twice a week. We feel this would be more cost effective, due to transportation etc. They also enjoy the activities at the center.

BAMBERG COUNTY

Total Population: 18,118



60 YEARS AND OLDER POPULATION

60-64 yrs.	833
65-74 yrs.	1,315
75-84 yrs.	544
85 and over	146
Total Persons 60+(16%)	2,838
43 % Black-57% White	
Persons 60 + Below Poverty Level	833

Poverty Level-

1 Person under 65--	$3,774
65 and over --	3,479
2 Persons under65--	4,876
65 and over --	4,389

Persons 60 + Living Alone ---	907
65 + Living Alone ---	552

UNITS OF SERVICE - 10/1/82 - 9/30/83

Title IIIB Units	40,123
Title IIIC Units	19,537
CI-11,810 CII-7,727	
Title XX Units	112,233
Total Units	171,893

The 1202 unduplicated persons that received some service from this office included those received cheese. This gave us the opportunity to reach more older persons. This year re working with DSS to distribute cheese to our clients. It has worked out well and avoids ication.

We are serving Bamberg, Denmark, Ehrhardt, Olar and Hunters Chapel communities. There are that are not being served. If and when we receive additional funds, we hope to be able ach out to more of the frail elderly of this mostly rural county. See above figures for s of service for last year.

Population of U. S.	226,504,825	
Population 65+" "	35,000,000	11.3%
Population 60+" "	25,000,000	15.7%

Population of South Carolina	3,121,820	
Population of 60 + "	416,144	13%

5 % are in nursing homes.

5. Homemaker Service—There are many frail elderly in need of this service. If more funds are made available, we plan to hire half-time workers. This will save around $1,000.00 per worker for health insurance, that we have to carry on full time employees.

OTHER SERVICES

Activities—At the center adult education, demonstrations, current events, arts and crafts, bingo, special programs, film strips, mental health programs and short trips are enjoyed by many.

Telephone Reassurance—Is in several of our communities. We shared with many groups this needed service. We sent a copy of the plans to Rev. Joe Abstance, Director of Missions. Barnwell, Bamberg Baptist Association. He was interested in promoting this service with the W.M.U. Organization.

Ombudsman—Our Ombudsman Coordinator visits the nursing home often, helps with client problems as well as relationships with nursing homes.

Housing—Several of our clients that had a chance to move into the low income apartments were sorry later. The hot summer and cold winter has been hard on those that live in homes in need of repairs.

Cheese—We reached more of the elderly in the County when we distributed cheese through this office. It has certainly worked out well working with DSS. We have a good working relationship. The only cheese we distributed this year was to our cliemts. This avoids duplication.

Health Fair—We plan to participate in this community project again.

BAMBERG COUNTY OFFICE ON AGING

PERSONNEL:	TITLE	HOURS WK.
Carolyn M. Wilson	Director	Full Time
Mary A. Johnson	Bookkeeper/Coordinator	Full Time
Jacqueline Kirkland	Trans. Coord./Van Driver	Full Time

THE THREE ABOVE ARE THE ONLY FULL TIME EMPLOYEES.

Edna L. Medlin	Nutrition Site Supervisor	20
Queen Esther Peters	Homemaker (T XX & T III)	20

ALL OF THE ABOVE ARE PAID BY THIS OFFICE

GREEN THUMB WORKERS:

Dorothy Smoak	Transportation/ Nutrition	20
Louise Ray	Arts, Crafts & Ombudsman (Delivers Denmark meals at times)	20
Earline Williams	Homemaker	20
Willie Mae Davis	Homemaker (3/1/84)	20

VOLUNTEERS: (12)

Beatrice Hazel	Volunteer In-Kind	20

OTHERS:

Edna Brown	Helps at Center	Lois Moody	Plays piano daily
Fanny Brown	" " "	Lula Ott	Helps deliver meals
Pearline Cann	" " "	Rebecca Summers	" " "
Hannah Carter	" " "	Fanny Thomas	" " "
Sarah Hightower	" " "	Skippy Rizer works with Ombudsman Program	
Anna Laboard	" " "		

Case Management duties are shared by Mary Johnson, Carolyn M. Wilson, Edna Medlin and input from Dorothy Smoak and Homemakers.

Transportation - Van Driver, Dorothy Smoak and other staff when needed.

Nutrition - Edna Medlin, Dorothy Smoak helps serve and delivers Denmark meals. Jackie Kirkland and Mary Johnson delivers most of the HD Meals in Bamberg. See others listed above.

Homemaker Service - By Homemakers.

Additional Staff Needed:

One half-time Office Asst. capable of helping with Case Management and other reports.

Two half-time Homemakers to give support to the elderly to remain in their homes as long as possible.

McCormick County Council On Aging,
McCormick, SC, March 15, 1984.

Hon. Butler Derrick,
House of Representatives,
Anderson, SC.

Dear Congressman Derrick: As always, thank you for your interest in the elderly of our nation. Again my sincere gratitude for your support in our fight to become a Single County Planning Service Area and Agency. It has worked well for McCormick County.

I am deeply disturbed over suggested funding reductions and changes in the Older Americans Act and appreciate the opportunity to express my feelings on some of the issues.

First of all, it is my concensus that Federal Regulations should allow the State Agency complete authority in deciding how many Planning Service Areas are needed in the state and what functions these Planning Service Areas and Area Agencies should perform. It is very evident that needs will vary within each state as well as each region of the state. For example, the designation of McCormick County as a Planning Service Area, and the McCormick County Council on Aging as a AAA was most beneficial to the elderly in our county. It meant more service dollars, therefore, more services for the elderly. As always, we do not advocate elimination of AAA's. I am simply saying, as situations vary, the State Agency should have the authority to do what is best for the elderly and also consider the wishes of the local people. The State Agency should also have the authority to weigh the advantages and disadvantages of the AAA providing direct services and if it is proven that they can provide services, as well as plan, coordinate and administer, so designate.

I also feel that the true priorities of the elderly in South Carolina would be best met if they were decided at the State level rather than on a national level. The priority needs in the State of California would certainly vary from priorities in South Carolina.

In the past, strong emphasis has been placed on designating local focal points. This has been very successful since their only concerns are the elderly and delivery of quality service has been the result. A transportation agency might be able to provide transportation service for a few cents less, but cheapest is not always best. A savings on one end could mean the elderly would lose on the other. A transportation agency may be concerned only with transportation from one point to another while an agency concerned with the total needs of an elderly person would consider the needs after the client reached their destination. For example, assistance in the grocery store or doctor's office.

To suggest cutting meals by ten million gives me a very sick feeling. Are there ten million older Americans who can afford to loose this meal? I don't think so. While the meal itself is of vital importance to the Senior Citizen, it is not the only factor involved in the Nutrition Program. To Senior Citizens throughout our land, this noon meal is the only means of communication with other people. The fellowship of not having to eat alone means so much to so many. If Congress does intend to cut meals, who will tell the elderly? Will each Congressman address his district's elderly and choose who will eat and who will not? If so, on what basis? Will it be those who do not meet an income criteria who will suffer? Do they not deserve the same balanced meal, the companionship of eating with their peers? As an Aging Director, I would not want this responsibility.

Transportation needs in rural counties such as McCormick will certainly differ from those in metropolitan areas. In rural counties such as ours, there are no public or private means of transportation and the elderly are completely dependent on Aging Agencies to provide this service.

If anyone is entitled to their share of Federal Dollars, it is the elderly who have worked and paid taxes for so many years. They, more than any other segment of our population deserve consideration.

For many of us, taking money away, whether it be through reduction or by awarding contracts for services to other agencies, would mean forcing us to shut our doors. As a person sincerely interested in the well being of the elderly, I feel that they are the ones who will lose.

Sincerely,

Leila P. McMillan,
Executive Director.

McCormick County Council on Aging,
McCormick, SC, March 15, 1984.

Hon. Butler Derrick,
House of Representatives,
Anderson, SC.

Dear Congressman Derrick: As clients receiving the services provided by the McCormick County Council on Aging, we respectfully request that there be no reductions in funds provided in the Older Americans Act. We also submit the following recommendations:

(1) That Federal Regulations allow State Agencies to decide how many Planning Service Areas are needed in the state. That the State Agency be allowed to act in the best interest of the elderly and be allowed to designate authority for planning and administering, as well as providing services.

(2) Priorities should be decided on a state level rather than a national level.

(3) Local Focal points should remain. Agencies concerned with the aging should be designated as focal points.

(4) Meals should not be decreased.

(5) Transportation needs are different in rural areas and should be studied differently from needs in larger areas.

As Senior Citizens, we have paid our share of taxes over the years, and feel that we are entitled to our fair share of Federal Dollars. Your support of us is deeply appreciated.

Howard Dukes
(and 27 others).

Lower Savannah Council of Governments,
Aiken, SC, March 16, 1984.

Hon. Butler Derrick,
Cannon House Office Building,
Washington, DC.

Dear Congressman Derrick: Due to a prior engagement, I will be unable to attend the Anderson hearing on the reauthorization of the Older Americans Act. However, I would like to submit some testimony to you concerning this legislation.

As you know, funds from the Older Americans Act have provided services to the very rural elderly population of our region since 1971. The Lower Savannah region includes Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg counties. Because of this base funding, the local county offices on aging have not only been able to provide services, but have been able to attract other funding sources. Even the additional funding, though, is only enough to scratch the surface as to the need of this region's older person. Particularly in the rural areas, the older population is increasing at a rate much higher than the ability of the local providers to serve them. With more and more older persons depending on the social service system, federal, state and local dollars must be stretched to meet the very minimal of needs.

One of the major problems experienced in dealing with funding from the Older Americans Act is that other funding specifically designated for the older person does not flow through the act. This includes Title V funds, Foster Grandparent, Senior Companion, RSVP, Social Service Block Grant funds, and funds for Long Term care. In many instances, there is little or no coordination between agencies and older persons tend to give up before they are able to find the services they need. Often an older person will approach one funding source and never know that there is a council on aging that could also help. If more of the program titles were consolidated and handled by agencies whose sole purpose is to meet the needs of older persons, a greater segment of the elderly population could be reached. There would also be less duplication of services to the same person, since the client could receive case assessment and receive those services most necessary to maintain them in their own home. There would be more opportunity to increase the independence of the older person, and reduce the burden of institutional care on the taxpayer.

At the current time, there is discussion as to combining all services under the Act into one program, that being Title III. We support this combining because it will allow greater flexibility at the local and area agency level to locate services as they are needed, rather than by title. Since local agencies work with the problems of service every day, they are the most knowledgeable as to where services should be directed. It is important, though, that through the consolidation, there be flexibility on the funding for the program and that the funding be adequate to meet the need.

One other important factor that I feel must be addressed is the structure of area agencies through the nation. These agencies have an important role in planning for the delivery of services and devote their time and energy to locating new funding sources, determining needs, advocating on behalf of older persons as a whole, and developing new and expanded services. The structure of area agencies in South Carolina would certainly not be the model to follow nationwide. In South Carolina there are 15 area agencies. Nine of the agencies serve a multi-county region and have only the responsibility as area agencies such as I have outlined above. The other six area agencies are single county providers serving a very small population. They find themselves spending a great deal of time in activities that keep them away from their service provider responsibilities. They have limited staff and do not have the resources available to perform adequately as both service provider and area agency on aging. I would urge the House Select Committee on Aging to give serious consideration to the problems posed with single county area agencies on aging and recommend that the reauthorization stress multi-county area agencies in states as small as South Carolina. The regional concept has worked well in South Carolina since 1967 and is still the best method for the effective planning of services for the older population of this State.

I am sorry that I will be unable to attend the hearing in person, but hope that my comments will be of value to the House Committee in the reauthorization process.

Sincerely,

CONNIE H. SHADE,
Director of Aging Unit.

MCCORMICK COUNTY,
March 12, 1984.

Hon. BUTLER DERRICK,
House of Representatives,
Anderson, SC.

DEAR CONGRESSMAN DERRICK: Thank you for your letter of March 6, 1984, concerning the Public Hearings to be held on March 19, I appreciate the opportunity to make written comments concerning the Older Americans Act.

First of all, I commend you for your role in helping Council on Aging Agencies in Region II become Single County Planning Service Areas. I cannot speak for the other counties involved, but I can say that there has been a definite increase in services in McCormick County as a result of being designated an Area Agency. It is my sincere wish that you will continue to support the Single County Planning Service Area concept.

It is also my opinion that the Older Americans Act should be left basically intact. That is, with the Council on Aging Agencies as the focal point or all services to the elderly. If the well being of the elderly is truly the issue, who is better qualified, more interested, more dedicated than an agency whose sole purpose centers around the needs of the elderly?

I strongly oppose any funding cuts in nutrition! If anything, this is an area which deserves an increase. I have personally seen what the local nutrition program has meant to the elderly in McCormick County and I am against any cut which would deprive even one Senior Citizen in our county of this service.

Transportation services are also vitally important in rural counties such as McCormick. There is neither private nor public transportation of any kind, therefore, this is the only means of travel for many elderly. This service is an intricate part of the services provided by the local Council on Aging and I urge you to continue on the same basis. Leave services where the elderly benefit the most, with the agencies whose only concern is for the elderly.

As always, thank you for your continuing concern for the people in McCormick County.

Very truly yours,

CURTIS E. BAGGETT,
Supervisor.

IRMO CHAPIN PARKS AND RECREATION COMMISSION,
March 16, 1984.

Representative BUTLER DERRICK,
Anderson, SC.

DEAR REPRESENTATIVE DERRICK: I would like to solicit your support in seeing that there are no cut backs in the Older Americans Act funding.

The elderly of South Carolina are growing in number. In 1981, we started a Meals on Wheels program in the Irmo area serving 11 home bound elderly. Today we are serving home delivered meals to 40 elderly home bound in that same area.

In the Irmo-Chapin area, the area our agency serves, there are no congregate meal sites. The Chapin area of Lexington County, a rural area, does not have a home delivered meals program and without additional money under the Older Americans Act, there isn't sufficient money to expand the Meals on Wheels program to that area.

We are currently serving the allocated number we are allowed in the Irmo area. It is necessary at times to put a client on a waiting list until meals become available. If funding cuts occur, many elderly clients will not be able to be maintained in their homes and will become institutionalized.

The five year freeze on new nursing home beds in South Carolina along with increasing hospital and doctor costs put the elderly in a vulnerable position. Additional services are needed. The rural elderly are in double jeopardy when services are not available or funds cannot be expanded to cover the added costs which go into service delivery factors in a rural delivery system.

Special funds should be allocated for creative projects which would increase services for the rural areas where few services are available to the elderly.

Thank you for the opportunity to attend this hearing and to voice, as a service provider, the concern about the funds under the Older Americans Act.

Sincerely,

JOAN SNYDER,
Aging Program Director.

Enclosures.

CHESTER COUNTY COUNCIL ON AGING,
Chester, SC, March 16, 1984.

Mr. BUTLER DERRICK, Congressional Representative,
South Carolina Third District,
Anderson, SC.

DEAR REPRESENTATIVE DERRICK: Thank you for your invitation to the House Select Committee on Aging's Hearing but, due to appointments and staff illnesses, it is impossible for anyone from this office to attend.

There are several points I would like to bring to your attention:

Nutrition. For the last two years our Nutrition program seems to be receiving less federal funds, yet expenses are growing. Two years ago we were serving in Chester County 202 congregate meals at 3 meal sites, 48 meals were delivered from these sites. For Fiscal year 83/84 we were funded for 162 congregate meals and 42 home meals, for Fiscal year 84/85 we have funds for 128 congregate meals and 27 home meals. Do the Congressmen and senators realize that through the balanced meals and the recreation these people receive, or the meals delivered to these people's homes, that we are keeping participants out of nursing homes and hospitals just a little bit longer? One week out of a nursing home will save Medicare and Medicaid much more than it costs to run our programs.

We transport over 100 participants each day, one day a week. Then we escort approximately 10 handicapped people per day and approximately 20 elderly weekly to out of town specialists, as we have no ophthalmologist, dermatologist, only a part time orthopedist, no heart surgeon, no cat scan and a few other specialists.

These people cannot afford to pay what private individuals charge to take them out of town—$35 to $40 to Charlotte or Columbia plus their meal, nor can they afford to pay for a $3 one trip in a Taxi in town.

How many of our congressmen and senators realize that these people started working in the mill or on a farm when they were 8, 9 or 10 years old and they made America great?

On the other side of the coin, what about those that do have some income but have no one to read their letters, no one to talk to, no one to care. Our meal programs, even if they come only two days a week, gives them something to look forward to and a reason to dress. This gives them an incentive to live.

Our staff is so tied down with paper work. You just would not believe the amount of paper that goes out from this office, and it is a waste. Three years ago I knew everyone we worked with, now we do not have time to go out and talk to them for the paper work. In fact one time I was told that the paper work must be done, even if the people didn't get served. Not one person in this organization would work here if they did not love elderly people. The salaries are so low. The highest salary paid is $6.24 per hour for 8 hours, but requires 9 to 10 hours a day and many calls come at all hours. There are no benefits such as hospitalization, retirement, we do have Social Security for the last three years and unemployment. From the very beginning most funds have been given to our participants, and I would be willing to bet, no other organization, and I'm including all Council on Aging when I say this, can make this claim. Please do all you can to help us.

Yours very truly,

Tommie S. Baker,
Executive Director.

South Carolina Federation of Older Americans,
Pawleys Island, SC.

Hon. Butler Derrick,
House of Representatives,
Anderson, SC.

Dear Mr. Derrick: The Administration is proposing reductions in funding for services to the needy elderly under the Older Americans Act which is about to expire September 30, 1984. Because of the vital services provided under the Act, many older persons have remained in their homes and avoided institutional care. Research and training programs have complemented the delivery of social services.

Poverty, poor health, inadequate housing and lack of transportation are problems that seriously affect the quality of life for an increasing number of elderly persons in this area. Higher unemployment and inflated prices have resulted in more poverty-level survival. Health care and social services in rural areas have lagged owing to inadequate funding under the Act.

To ensure greater success, the program should not be included in an overall block grant but remain in a separate earmarked fund. It should also be fully funded to match inflated costs.

I am acquainted with the services rendered in this area. The program is directed to serve those persons with the greatest economic and social needs. However, with the growing number of elderly poor, it has not been possible to take care of all the needy. These services allow older persons to lead lives of some dignity and independence in their own homes.

Sincerely,

Arthur M. Sandberg,
Director, Region VIII.

Hon. Butler Derrick,
Cannon House Office Building,
Washington, DC.

Dear Congressman Derrick: I appreciate the opportunity to submit written testimony concerning reauthorization of the Older Americans Act. Since 1971, funds from the Older Americans Act have provided services to the very rural elderly population of the Lower Savannah Region which includes Aiken, Allendale, Bamberg, Barnwell, Calhoun, and Orangeburg counties. Older Americans Act funds have provided the necessary base funding to attract other federal, state and local resources for the expansion of elderly services. Over a ten year period, an amount in excess of $10.5 million has been spent for elderly services in this region alone. Even though the figure appears quite large, only a small proportion of the elderly can be served, particularly in the rural areas as local resources are simply not in great enough supply to meet the ever increasing need. Particularly in the rural areas, the population is getting older. Younger persons move to more populated areas and rural areas become poorer. Older persons depend more and more on the social service system and federal dollars have to be stretched just to meet the minimal of needs.

The Older Americans Act supplies a very small proportion of the funding necessary to serve the older person. If all of the funds for elderly services were made a part of the Act or a part of a common pool, service dollars in rural areas would go much further. At the current time, Title V funds are handled through several national contractors and state agencies, Foster Grandparent, Senior Companion, and RSVP programs are a part of ACTION, Social Service Block Grant funds are disbursed by the Department of Social Services, and Long Term Care funds are part of yet another organization. Many times there is little or no coordination between the agencies and the elderly find themselves in a maze of bureaucratic red tape. They become confused, frustrated, and often give up before they find the services they need. If more of the program titles were consolidated and handled by agencies whose sole purpose is to meet the needs of older persons, a greater segment of the elderly population could be reached. There would also be less duplication of services to the same person, since the client could receive case assessment and receive those services most necessary to maintain them in their own home. There would be more opportunity to increase the independence of the older person, and reduce the burden of institutional care on the taxpayer.

Another consideration toward increasing services to the rural elderly is through consolidation of the titles of the Older Americans Act. At the current time, there is discussion as to combining all services under the Act into one program, that being Title III. This consolidation would allow greater flexibility at the local and area agency level to locate services as they are needed, rather than by title. If the local area determined that home delivered meals were a greater priority for that county than was transportation, the decision could be made at the location where services were being delivered. It is extremely difficult to tell a bedridden client that the quota for home delivered meals has been met in that county; however, if the client could ride a van they could participate in a meal at the congregate site! It is also difficult to deny a client a meal at a congregate site simply because Title III-B does not allow enough funding for transportation services. Local agencies work with the problems every day and are most knowledgeable as to where services should be directed.

(6) With respect to the Rural Elderly, the Rural Health Centers should be able to assist with transportation, and Hospital Kitchens could possibly provide meals, obviating the need for special program kitchens. Another possibility would be to contract with the private sector (local food providers).

I hope that these comments will be useful. As soon as feasible, we will strive to involve our membership as a whole in the generation of a Federation position paper for you.

Thank you again for your concern for older Americans and for your South Carolina constituency of senior citizens.

With best wishes,

GEORGE P. FULTON, Ph.D.,
President.

SOUTH CAROLINA FEDERATION OF OLDER AMERICANS,
Columbia, SC, March 18, 1984.

Representatives BUTLER DERRICK,
District Office,
Anderson, SC.

DEAR REPRESENTATIVE DERRICK: Thank you very much for your letter of March 12 concerning the congressional hearings of the House Select Committee on Aging concerning the reauthorization of the Older Americans Act. I regret that I cannot leave Columbia for the hearings at the Anderson Recreation Center on Monday, March 19. However, I have discussed the issues and the value of the Older Americans Act with several senior colleagues and officers of the South Carolina Federation of Older Americans. Furthermore, I have requested that our Director for Region I attend the hearings, if possible, and speak for the Federation should such an opportunity materialize and seem appropriate. Our Director in Region I is Mrs. Margaret Gould, Rt. 2, Box 396, Seaton Acres, Honea Path, S.C. 29654. She is well-informed, progressive, and articulate.

I would like to make the following points:

(1) The appropriation under the Older Americans Act is only about one percent of the Social Security Benefits.

(2) Nevertheless, this small and pitifully inadequate amount appropriated under the Older Americans Act is the only reliable support for meals for the elderly.

(3) the need for "meals on wheels" is very great for all levels of the elderly; some could and would pay.

(4) Title 20 (Block grant) money is not a viable alternative for funding such programs for the elderly, since the needs of Older Americans are not likely to prevail in the battles over the pieces of the money pie. The Older Americans Act is the only assured source available.

(5) Although the Older Americans Act may be imperfect, and is probably somewhat unwieldy and overly bureaucratic, it is nevertheless the best we have at present and it should be defended vigorously and improved when feasible.

However, I would stress again that consolidation is only part of the solution. There must be adequate funding to follow that consolidation if more of the rural elderly are to receive services. Without adequate funding for services and the personnel to provide those services, i.e. homemakers, van drivers, site manager, etc., the job cannot be accomplished.

Finally, I feel it is important to address the structure of area agencies through the nation. These agencies have an important role in planning for the delivery of services. These agencies must devote their time and energy to locating new funding sources, determining needs, advocating on behalf of older persons as a whole, and developing new and expanded services. South Carolina has a rather unique area agency situation, in that fifteen area agencies are designated. Six of these areas agencies are in one region, are local service providers, and are in very small counties. In this type of area agency structure, regional opportunities for pooling of resources and consolidation of services is lost. It is very difficult for an agency to be the local service provider and to also assume the varied duties required under the Act for an area agency. Without regional cooperation, local agencies find themselves competing with each other for limited funds. These agencies also find that a great deal of their time is spent in activities that keep them away from their service provider responsibilities. I would urge the House Select Committee on Aging to give serious consideration to the problems posed with single county area agencies on aging and recommend that the reauthorization stress multi-county area agencies in states as small as South Carolina. With the recent influx of elderly persons to this state, for example, local service providers will need to spend more time focusing on delivery of services and less time on activities of planning normally associated with an area agency. The regional concept has worked well in South Carolina since 1967 with a number of different types of federal programs such as economic development, recreational planning, law enforcement, historic preservation, community development, etc., and is still the best method for the effective planning of services for the older population of this state.

Once again, I appreciate the opportunity to give you some of my viewpoints on the reauthorization of the Older Americans Act. Please feel free to call upon me again as you gather input on services for older persons.

Sincerely,

JACK H. KEEL.

ORANGEBURG COUNTY COUNCIL ON AGING,
Orangeburg, SC, March 15, 1984.

Hon. BUTLER DERRICK,
U.S. House of Representatives,
Washington, DC.

DEAR CONGRESSMAN DERRICK: I am disturbed that the Administration proposes significant funding reductions and changes in the nutrition, research and training, and supportive services that are provided by the Older Americans Act.

In my position with the Orangeburg County Council on Aging I work daily with 12,000 senior citizens in our country. Therefore, I know the urgent need for programs and services of these older persons. In view of South Carolina Elderly citizens, including Orangeburg County, experiencing the highest rate of growth of older Americans in the nation over the last decade, make it essential to provide more funding for services, certainly not less. The current rate of funding is grossly inadequate for the persistent and ever increasing responsibilities for the health and well-being of the elderly and handicapped.

Enclosed is our brochure that briefly describes the 15 programs and services of our local agency serving 4,500 participants. One of the largest offerings is the nutrition program Currently, our agency is serving 350-375 deserving senior citizens daily. Our waiting list shows that there are 375 elderly persons clamoring to be served. Our kitchen facilities and dining area are capable of providing a hot nutritious meal daily to, at least, twice the number benefiting from this offering. Our County being largely rural and a significant number of the elderly and handicapped at or below the poverty level portends an even greater need of nutrition services.

In the hopes of providing employment to older workers, our job bank is continuously seeking jobs for their social and economic welfare. As business and industry accept more older workers on full-time, part-time and seasonal schedules and realize their economical asset, increased paid work opportunities should be realized. It is also crucially important that age requirements be removed for the further growth and development for American productivity.

The growing requirements for housing and subsistence care for the elderly and handicapped are truly significant. Cost-effective procedures must be found to combat the rising costs. Effort must be forthcoming to keep the frail elderly and handicapped at their homes as long as possible instead of subjecting them to institutional confinement at exorbitant financial charges. Our agency is attempting to help their predicament by utilizing homemakers, senior companions, home health aides, Green Thumb workers and outreach personnel. Perhaps funding may not be adequate to cope with this obvious situation; consequently, research and training are essential to find better methods and cost-effective procedures. For example, volunteers are a viable source and training for them based upon extensive research opens up unforeseen assistance. At present, our agency is fortunate in being able to solicit effectively over a hundred volunteers who are a blessing for the home-bound and mobile elderly

One more persistent requirement is absolutely necessary to help our seniors to maintain their independence, function to the best of their abilities, and promote their overall well-being. This necessity calls for a broad spectrum of supportive services. Upgrading training opportunities in the field of education, recreation, home care and medical know-how are among the obvious needs. Supportive services undergird and strength practically all programs for the elderly and handicapped at senior centers, day-care facilities, volunteer centers, and rural-urban environments especially in high crime areas, slum sections, and deplorable housing accommodations

If I can be of any further service to advocate for the elderly and handicapped who are in dire need for the necessities of life, kindly advise.

Sincerely

EDWARD W. RUSHTON,
Executive Director.

MEALS ON WHEELS,
Anderson, SC, April 2, 1984

Re Reauthorization of Older Americans Act—Protection of Private Home Delivered Meals Programs

Hon. BUTLER DERRICK,
U.S. House of Representatives,
Washington, DC.

DEAR CONGRESSMAN DERRICK: On behalf of myself and the Anderson County Meals-on-Wheels Organization, I would like to thank you for allowing me to testify at the hearing held here on March 19, 1984, with respect to the reauthorization of the Older Americans Act. We appreciate your concern for the needs of our elderly citizens, and also appreciate your interest in the impact of federal nutrition programs upon the efforts of private meals-on-wheels programs.

While we welcome federal efforts to provide home-delivered meals to areas not served by private meals-on-wheels organizations, we believe that private meals-on-wheels organizations must be protected from federal intervention in those areas now being adequately served by private organizations. Otherwise, the existence of the private meals-on-wheels organizations, which serve many areas of this country so well, will be threatened by the federal programs.

This threat arises in two important ways. First of all, the intervention of federal home-delivered meals programs into areas being served by private organizations is bound to dampen the morale of our fine volunteers and to make fund-raising more difficult. If a federal program is operating within the same area as a private program, the private program's volunteers and contributors will say to themselves, "Why should I contribute my time (or money) to do something that the federal government will do anyway, without my effort?"

Secondly, we are informed that the existence of a federal program within areas being serviced by a private organization frequently damages the private program financially, to the point that it must cease operation. Suppose that a private program serves 500 meals per day, of which 250 are provided free to needy persons unable to pay, and that the recipients able to pay contribute $3.00 per meal for the other 250 meals. Assume further that the private program serves five hot, home-delivered meals per week, and that the actual cost of the private program for food, utilities, etc. is $3,750.00 per week. Thus the private program is exactly breaking even, with expenses and income of $3,750.00 per week.

Upon entry of the federal program, 200 of those persons who had been paying for their meals decided to switch over to the federal program, which has no means test and allows free meals to anyone, regardless of his financial status. Of the 250 persons who had been receiving their meals free, all stay with the private program, since they have no reason to switch.

The private program now has income from meals of $750.00 per week. If a pro rata reduction in expenses were made, expenses would now be $2,250.00 per week, resulting in a deficit to the private program of $1,500.00 per week. (In reality, the deficit would probably be higher, since the private program would lose the benefit of economies of scale, and some expenses would probably stay the same regardless of a reduction in the number of meals served, i.e. dietition's salary, rent, etc.).

If the private organization is unable to raise the shortfall through private sources, it will have to cease operation.

In the event that there are budgetary cutbacks in federal funds for home-delivered meals, as has occurred in the last four years, and as seems even more likely in the future, there would then be no home-delivered meals for anyone in the area, even though the area was once well served by the private organization.

Even if federal funds continued to be available, in this day of scarce federal funds it is imperative that every federal dollar go where it can do the most good. Obviously, this means that the federal government should not be funding home-delivered meals in areas already being adequately served by voluntary organizations.

Since we all agree that federal dollars should not be used to displace private voluntary efforts, the question is, How can we make sure that this is what actually occurs?

We believe that the Older Americans Act should be amended to assure that federal programs will not duplicate private volunteer efforts. To that end, we have drafted proposed amendments to the Act, which we have attached hereto. I will summarize the changes which we purpose.

§ 307(a)(5) is amended to give private non-profit organizations which do not receive federal funds a right to a hearing with respect to any area plan or application for funds for the delivery of home-delivered meals under such an area plan.

§ 307(a)(10) is amended to include subdivisions of the State Agency or area agency.

§ 307(a)(13)(H) is amended to give preference in funding to private non-profit organizations which have demonstrated an ability to provide home-delivered meals.

§ 307(a)(13) is also amended by adding new subparagraphs (J), (K), (L), (M), (N), (O), (P), and (Q). Each of these new subparagraphs will be taken up separately.

Subparagraph (J) requires the area agency to determine what private non-profit organizations are engaged in the provision of home-delivered meals within its area, and the extent to which the private organization is meeting the needs of older individuals for home-delivered meals within that area.

Subparagraphs (K) and (L) seek to prevent federal meals-on-wheels organizations from being organized in those areas in which an adequate private organization exists, unless the private organization is unable to meet the needs of the homebound elderly. If federal grants are necessary to meet such needs, the existing private non-profit organization would have priority in receiving such a grant, should it elect to do so, rather than channeling funds to a second, overlapping organization. These subparagraphs deal with the situation where there is no existing, overlapping federal program, and seek to prevent such overlap from occurring.

Subparagraphs (M) and (N) deal with the situation where there are existing overlapping federal and private programs. These subparagraphs provide a method whereby the overlap will be eliminated.

Subparagraph (M) provides that the area agency will discontinue funding for home-delivered meals with respect to an area being adequately served by a private non-profit organization which does not receive funds under the Act, or with respect to which area the private organization is able to give adequate assurances that it will provide such service. Organizations funded by the area agency for other purposes are to give assurances that they will not provide home-delivered meals within the area serviced by such private non-profit organization.

Subparagraph (N) provides that, in the event of an overlap between a private non-profit organization and a non-private (governmental) organization, both of which receive funds under the Act, funding for the non-private organizations is to be phased out if the private organization can, and will, adequately serve the area.

Subparagraph (O) provides that if a private organization desires to cease receiving federal funds, the area agency shall assist it in making such transition. This subparagraph responds to reports we have received of area agencies attempting to hinder meals organizations from "going private," presumably to protect the area agency's role in the home-delivery system.

Subparagraph (P) recognizes private meals-on-wheels organizations as having standing to challenge actions of the area agency which are not in accordance with the provisions of the Act. This provision is necessary in order to allow private organizations to enforce the provisions of the Act enacted for their benefit.

Subparagraph (Q) eliminates the "grandfather clause" which the AOA promulgated in its regulations, 45 C.F.R. § 1321.143(b), since that regulation would prevent the phasing out of federal funding in cases where there was an overlap with a private meals-on-wheels program.

We believe that upon a review of our proposed amendments to the Older Americans Act, you will agree that the proposed amendments would prevent duplication of effort, foster the continued development of the incredibly successful private meals programs, and direct federal funds to those areas where they are needed most, and away from areas in which federal funds will work a positive harm to existing private programs.

The proposed amendments would help to make the entire home-delivered meals system, public and private, more efficient in meeting the needs of our older homebound citizens, which is the end to which we all aspire.

I would like to thank you for the attention and concern that you have given to our older citizens through your leadership in the U.S. House of Representatives with respect to issues such as these. I hope that you will be able to introduce the proposed amendments and to give them your wholehearted support. By doing so, we believe you will be benefiting not only the older citizens of South Carolina, but those of the entire country.

If I can provide you with any further information or be of any assistance in this regard, please let me know.

Again, thank you for allowing us to comment upon these needed changes in the Older Americans Act.

Very truly yours,

LILA F. ALBERGOTTI.

Enclosures.

MEALS ON WHEELS,
Anderson, SC, April 2, 1984.

Re Older Americans Act/Meals-on-Wheels Organizations

Hon. THOMAS EAGLETON,
Russell Senate Office Building,
Washington, DC.

DEAR SENATOR EAGLETON: On September 28, 1979, I wrote to you with regard to problems created for private meals-on-wheels organizations by the Administration on Aging's regulations, implementing provisions of the Older Americans Act with regard to the provision of home-delivered meals to the elderly. You responded to my concerns, and the concerns of many others, and your leadership resulted in the March, 1980, amendments to the Act. Those amendments went a long way toward protecting the continued existence of private meals-on-wheels programs, and toward making the federal effort in this regard more effective.

We understand that the Older Americans Act is being reauthorized and, in this regard, we have prepared certain proposed amendments which we believe will give added protection to private meals programs, while assuring that federal dollars are spent where they are needed most, i.e., in those areas not served by private programs.

I am enclosing a copy of our proposed amendments, as well as a copy of my letter to our Congressman, Butler Derrick, explaining the content of the proposed amendments and why we believe they are needed.

We would appreciate your thoughtful consideration of those amendments.

If you believe, as we do, that these amendments would be beneficial and are needed, we would appreciate very much your sponsorship of the same in the Senate in connection with the reauthorization of this legislation.

In any event, we appreciate the fine work you have done in the past on behalf of our older citizens.

If I can be of any further assistance to you in connection with the amendments, please feel free to call on me.

Very truly yours,

LILA F. ALBERGOTTI.

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